BOPUK 531.01 * INMATE HISTORY * 09-08-2006 PAGE 001 * WRK DETAIL * 07:45:01

REG NO.:: 51627-060 NAME...: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE	/TIME	STOP DATE	/TIME
MCK MCK	I CABLE 1 I MILL 1	CABLE 1 MILL 1	06-19-2006 09-28-2005		CURRENT 06-19-2006	0001
MCK	VACATION	VACATION	09-26-2005	0001	09-28-2005	0001
MCK	I MILL 1	MILL 1	07-27-2005	0001	09-26-2005	0001
MCK	VACATION	VACATION	07-26-2005	0001	07-27-2005	0001
MCK	I MILL 1	MILL 1	05-05-2005	0001	07-26-2005	0001
MCK	I PROD.1	PRODUCTION 1	02-12-2005	0001	05-05-2005	0001
MCK	VACATION	VACATION	02-10-2005	0001	02-12-2005	0001
MCK	I PROD.1	PRODUCTION 1	09-28-2004	0001	02-10-2005	0001
MCK	VACATION	VACATION	09-24-2004	0001	09-28-2004	0001
MCK	I PROD.1	PRODUCTION 1	02-28-2004	0001	09-24-2004	0001
MCK	IDLE	IDLE	02-26-2004	0800	02-28-2004	0001
MCK	I PROD.1	PRODUCTION 1	01-12-2004	0001	02-26-2004	0800
MCK	UNASSG	UNASSIGNED	12-23-2003	1021	01-12-2004	0001
MCK	SHU UNASSG	SHU UNASSIGNED	11-18-2003	1200	12-23-2003	1021
MCK	I MILL 1	MILL 1	03-14-2003	0001	11-18-2003	1200
MCK	IDLE	IDLE	03-12-2003	0707	03-14-2003	0001
MCK	I MILL 1	MILL 1	02-04-2003	0001	03-12-2003	0707
MCK	IDLE	IDLE	02-03-2003	0649	02-04-2003	0001
MCK	I MILL 1	MILL 1	11-24-2001	0001	02-03-2003	0649
MCK	VACATION	VACATION	11-23-2001	0001	11-24-2001	0001
MCK	I MILL 1	MILL 1	09-10-2001	0001	11-23-2001	0001
MCK	IDLE	IDLE	09-07-2001	0853	09-10-2001	0001
MCK	I MILL 1	MILL 1	08-24-2001	0001	09-07-2001	0853
MCK	I PROD.1	PRODUCTION 1	06-22-2001	0001	08-24-2001	0001
MCK	UNASSG	UNASSIGNED	06-20-2001	1123	06-22-2001	0001
MCK	SHU UNASSG	SHU UNASSIGNED	05-24-2001	0826	06-20-2001	1123
MCK	I PROD.1	PRODUCTION 1	03-06-2001	0001	05-24-2001	0826
MCK	I MILL 1	MILL 1	01-10-2001	0001	03-06-2001	0001

MCK	UNASSG	UNASSIGNED	01-09-2001	1000	01-10-2001	0001
MCK	SHU UNASSG	SHU UNASSIGNED	12-21-2000	1059	01-09-2001	1000
MCK	I MILL 1	MILL 1	09-20-2000	0001	12-21-2000	1059
MCK	I PROD.1	PRODUCTION 1	08-17-2000	0001	09-20-2000	0001
MCK	IDLE	IDLE	08-15-2000	0834	08-17-2000	0001
MCK	I PROD.1	PRODUCTION 1	06-29-2000	0001	08-15-2000	0834
MCK	KITCHEN AM	KITCHEN AM	02-15-2000	1421	06-29-2000	0001
MCK	DIN RM AM	DINING ROOM AM	12-31-1999	0001	02-15-2000	1421
MCK	CONV	CONVALESCENT	12-27-1999	0839	12-31-1999	0001
MCK	DIN RM AM	DINING ROOM AM	12-17-1999	0001	12-27-1999	0839
MCK	IDLE	IDLE	12-16-1999	0826	12-17-1999	0001
MCK	DIN RM AM	DINING ROOM AM	11-19-1999	1007	12-16-1999	0826

G0002 MORE PAGES TO FOLLOW . . .

BOPUK 531.01 * INMATE HISTORY * 09-08-2006 PAGE 002 OF 002 * WRK DETAIL * 07:45:01

REG NO.:: 51627-060 NAME...: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START 1	DATE/	TIME	STOP	DATE	TIME
MCK	FD SVC	FOOD SERVICE	11-18-	1999	0001	11-19-	-1999	1007
MCK	UNASSG	UNASSIGNED	11-09-	1999	1110	11-18-	-1999	0001
MCK	SHU UNASSG	SHU UNASSIGNED	09-29-2	1999	2320	11-09-	-1999	1110
MCK	I ASEMBLY1	ASSEMBLY 1	09-28-3	1999	0001	09-29-	-1999	2320
MCK	VACATION	VACATION	09-27-1	1999	0001	09-28-	-1999	0001
MCK	I ASEMBLY1	ASSEMBLY 1	06-09-1	1999	0001	09-27-	-1999	0001
MCK	IDLE	IDLE	06-08-1	1999	0958	06-09-	-1999	0001
MCK	I ASEMBLY1	ASSEMBLY 1	05-25-1	1999	0001	06-08-	-1999	0958

MCK	I LAYUP 1	LAYUP 1	04-13-1999	1304	05-25-1999	0001
MCK	LAYUP 1	LAYUP 1	03-23-1999	0001	04-13-1999	1304
MCK	KITCHEN AM	I KITCHEN AM	01-14-1999	0001	03-23-1999	0001
MCK	IDLE	IDLE	01-13-1999	0716	01-14-1999	0001
MCK	KITCHEN AM	KITCHEN AM	12-02-1998	0001	01-13-1999	0716
MCK	DIN RM AM	DINING ROOM AM	11-20-1998	1348	12-02-1998	0001
MCK	FD SVC	FOOD SERVICE	11-19-1998	0001	11-20-1998	1348
MCK	LAND IN 1	INSIDE LANDSCAPE FULL-TIME	11-05-1998	0001	11-19-1998	0001
MCK	LAND IN 2	INSIDE LANDSCAPE FULL-TIME	11-04-1998	0001	11-05-1998	0001
MCK	FACL	FACILITIES OFFICE	11-03-1998	0001	11-04-1998	0001
MCK	UNASSG	UNASSIGNED	10-28-1998	0001	11-03-1998	0001
MCK	A&O	ADMISSION & ORIENTATION	10-21-1998	1015	10-28-1998	0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	10-13-1998	1921	10-21-1998	0516
OKL	UNASSG	UNASSIGNED HOLDOVER	09-23-1998	1800	10-13-1998	0830
ATL	UNASSG	UNASSIGNED WORK DETAIL	05-06-1998	0050	05-06-1998	0818
OKL	UNASSG	UNASSIGNED HOLDOVER	05-01-1998	1915	05-05-1998	0830
RCH	UNASSG	UNASSIGNED WORK DETAIL	03-26-1998	1851	05-01-1998	1508
OKL	UNASSG	UNASSIGNED HOLDOVER	03-18-1998	1815	03-26-1998	0920

BOPUK 540*23 * SENTENCE MONITORING * 09-13-2006 PAGE 001 * COMPUTATION DATA * 09:47:20 AS OF 09-13-2006

AS OF 09-13-2000

REGNO..: 51627-060 NAME: SIGGERS, KEVIN LAMAR

FBI NO..... 240532MA5 DATE OF BIRTH: 08-22-1970

ARS1..... MCK/A-DES

UNIT..... C QUARTERS....: C03-129L

DETAINERS.....: NO NOTIFICATIONS: NO

PRE-RELEASE PREPARATION DATE: 12-18-2006

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.

THE INMATE IS PROJECTED FOR RELEASE: 06-18-2007 VIA GCT REL

----- URRENT JUDGMENT/WARRANT NO: 030 ------

COURT OF JURISDICTION..... OHIO, NORTHERN DISTRICT

HOW COMMITTED..... US DISTRICT COURT COMMITMENT

PROBATION IMPOSED..... NO

FELONY ASSESS MISDMNR ASSESS FINES COSTS NON-COMMITTED:: \$200.00 \$00.00 \$00.00

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$1,268.00

OFFENSE CODE....: 554

OFF/CHG: 18:2113(A)&(D) - ARMED BANK ROBBERY

SENTENCE PROCEDURE...... 3559 PLRA SENTENCE

SENTENCE IMPOSED/TIME TO SERVE:: 57 MONTHS
TERM OF SUPERVISION...: 5 YEARS
CLASS OF OFFENSE...: CLASS B FELONY
DATE OF OFFENSE...: 10-08-1997

G0002

MORE PAGES TO FOLLOW . . .

SENTENCE MONITORING 09-13-2006 BOPUK 540*23 * PAGE 002 COMPUTATION DATA 09:47:20 AS OF 09-13-2006 REGNO..: 51627-060 NAME: SIGGERS, KEVIN LAMAR -----CURRENT OBLIGATION NO: 020 ------OFFENSE CODE...: 130 OFF/CHG: 18:924(C)(1) - USE OF A FIREARM DURING A CRIME OF VIOLENCE SENTENCE PROCEDURE...... 3559 PLRA SENTENCE SENTENCE IMPOSED/TIME TO SERVE.: 60 MONTHS TERM OF SUPERVISION....: 5 YEARS CLASS OF OFFENSE..... CLASS C FELONY RELATIONSHIP OF THIS OBLIGATION TO OTHERS FOR THE OFFENDER....: CONSECUTIVE DATE OF OFFENSE..... 10-08-1997 -----CURRENT COMPUTATION NO: 030 -----COMPUTATION 030 WAS LAST UPDATED ON 10-27-1999 AT MCK AUTOMATICALLY THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN CURRENT COMPUTATION 030: 030 010, 030 020 DATE COMPUTATION BEGAN..... 08-05-1998 AGGREGATED SENTENCE PROCEDURE...: AGGREGATE GROUP 800 PLRA TOTAL TERM IN EFFECT..... 117 MONTHS

FROM DATE

9 MONTHS

THRU DATE

10-14-1997 08-04-1998

TOTAL TERM IN EFFECT CONVERTED..: 9 YEARS AGGREGATED TERM OF SUPERVISION..: 5 YEARS

EARLIEST DATE OF OFFENSE.....: 10-08-1997

JAIL CREDIT....:

MCK2G 531.01 * INMATE HISTORY * 08-30-2006 PAGE 001 * WRK DETAIL * 15:00:43

REG NO..: 51627-060 NAME....: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

		DECENTAGE		/		/
FCL		DESCRIPTION	•		STOP DATE,	TIME
MCK	I CABLE 1	CABLE 1	06-19-2006			0001
MCK	I MILL 1	MILL 1			06-19-2006	
MCK	VACATION	VACATION			09-28-2005	
MCK	I MILL 1	MILL 1			09-26-2005	
MCK	VACATION	VACATION	1.7		07-27-2005	
MCK	I MILL 1	MILL 1			07-26-2005	
MCK	I PROD.1	PRODUCTION 1			05-05-2005	
MCK	VACATION	VACATION			02-12-2005	
MCK	I PROD.1	PRODUCTION 1			02-10-2005	
MCK	VACATION	VACATION			09-28-2004	
MCK	I PROD.1	PRODUCTION 1			09-24-2004	
MCK	IDLE	IDLE			02-28-2004	
MCK	I PROD.1	PRODUCTION 1	01-12-2004	0001	02-26-2004	0800
MCK	UNASSG	UNASSIGNED	12-23-2003	1021	01-12-2004	0001
MCK	SHU UNASSG	SHU UNASSIGNED	11-18-2003	1200	12-23-2003	1021
MCK	I MILL 1	MILL 1	03-14-2003	0001	11-18-2003	1200
MCK	IDLE	IDLE	03-12-2003	0707	03-14-2003	0001
MCK	I MILL 1	MILL 1	02-04-2003	0001	03-12-2003	0707
MCK	IDLE	IDLE	02-03-2003	0649	02-04-2003	0001
MCK	I MILL 1	MILL 1	11-24-2001	0001	02-03-2003	0649
MCK	VACATION	VACATION	11-23-2001	0001	11-24-2001	0001
MCK	I MILL 1	MILL 1	09-10-2001	0001	11-23-2001	0001
MCK	IDLE	IDLE	09-07-2001	0853	09-10-2001	0001
MCK	I MILL 1	MILL 1	08-24-2001	0001	09-07-2001	0853
MCK	I PROD.1	PRODUCTION 1	06-22-2001	0001	08-24-2001	0001
MCK	UNASSG	UNASSIGNED	06-20-2001	1123	06-22-2001	0001
MCK	SHU UNASSG	SHU UNASSIGNED	05-24-2001	0826	06-20-2001	1123
MCK	I PROD.1	PRODUCTION 1	03-06-2001	0001	05-24-2001	0826
MCK	I MILL 1	MILL 1	01-10-2001	0001	03-06-2001	0001
MCK	UNASSG	UNASSIGNED	01-09-2001	1000	01-10-2001	0001
MCK	SHU UNASSG	SHU UNASSIGNED	12-21-2000	1059	01-09-2001	1000
MCK	I MILL 1	MILL 1	09-20-2000	0001	12-21-2000	1059
MCK	I PROD.1	PRODUCTION 1	08-17-2000	0001	09-20-2000	0001
MCK	IDLE	IDLE	08-15-2000	0834	08-17-2000	0001
MCK	I PROD.1	PRODUCTION 1	06-29-2000	0001	08-15-2000	0834
MCK	KITCHEN AM	KITCHEN AM	02-15-2000	1421	06-29-2000	0001
MCK	DIN RM AM	DINING ROOM AM			02-15-2000	
MCK	CONV	CONVALESCENT	12-27-1999	0839	12-31-1999	0001
MCK	DIN RM AM	DINING ROOM AM			12-27-1999	
MCK	IDLE	IDLE	12-16-1999	0826	12-17-1999	0001
MCK	DIN RM AM	DINING ROOM AM			12-16-1999	
				-		

G0002 MORE PAGES TO FOLLOW . . .

MCK2G 531.01 * INMATE HISTORY * 08-30-2006 PAGE 002 OF 002 * WRK DETAIL * 15:00:43

REG NO..: 51627-060 NAME...: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE	TIME	STOP DATE,	TIME
MCK	FD SVC	FOOD SERVICE	11-18-1999	0001	11-19-1999	1007
MCK	UNASSG	UNASSIGNED	11-09-1999	1110	11-18-1999	0001
MCK	SHU UNASSG	SHU UNASSIGNED	09-29-1999	2320	11-09-1999	1110
MCK	I ASEMBLY1	ASSEMBLY 1	09-28-1999	0001	09-29-1999	2320
MCK	VACATION	VACATION	09-27-1999	0001	09-28-1999	0001
MCK	I ASEMBLY1	ASSEMBLY 1	06-09-1999	0001	09-27-1999	0001
MCK	IDLE	IDLE	06-08-1999	0958	06-09-1999	0001
MCK	I ASEMBLY1	ASSEMBLY 1	05-25-1999	0001	06-08-1999	0958
MCK	I LAYUP 1	LAYUP 1	04-13-1999	1304	05-25-1999	0001
MCK	LAYUP 1	LAYUP 1	03-23-1999	0001	04-13-1999	1304
MCK	KITCHEN AM	KITCHEN AM	01-14-1999	0001	03-23-1999	0001
MCK	IDLE	IDLE	01-13-1999	0716	01-14-1999	0001
MCK	KITCHEN AM	KITCHEN AM	12-02-1998	0001	01-13-1999	0716
MCK	DIN RM AM	DINING ROOM AM	11-20-1998	1348	12-02-1998	0001
MCK	FD SVC	FOOD SERVICE	11-19-1998	0001	11-20-1998	1348
MCK	LAND IN 1	INSIDE LANDSCAPE FULL-TIME	11-05-1998	0001	11-19-1998	0001
MCK	LAND IN 2	INSIDE LANDSCAPE FULL-TIME	11-04-1998	0001	11-05-1998	0001
MCK	FACL	FACILITIES OFFICE	11-03-1998	0001	11-04-1998	0001
MCK	UNASSG	UNASSIGNED	10-28-1998	0001	11-03-1998	0001
MCK	A&O	ADMISSION & ORIENTATION	10-21-1998	1015	10-28-1998	0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	10-13-1998	1921	10-21-1998	0516
OKL	UNASSG	UNASSIGNED HOLDOVER	09-23-1998	1800	10-13-1998	0830
ATL	UNASSG	UNASSIGNED WORK DETAIL	05-06-1998	0050	05-06-1998	0818
OKL	UNASSG	UNASSIGNED HOLDOVER	05-01-1998	1915	05-05-1998	0830
RCH	UNASSG	UNASSIGNED WORK DETAIL	03-26-1998	1851	05-01-1998	1508
OKL	UNASSG	UNASSIGNED HOLDOVER	03-18-1998	1815	03-26-1998	0920

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNICOR Industries, Inc.	ndustrial Employment/IPRS Acti	on Report
1. Type of Report: UN	NICOR Action = 1 IPRS Action = 2 Both = 3	
2 Er	nter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 inter 2 For Change In Employment Status, Complete Items 4-21, and 26 inter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26	3
_	nter 2 For Enrollment, Complete Items 4-6, 19 nter 3 For Completion, Complete Items 4-6, 19 nter 4 For Withdrawal, Complete Items 4-6, 19, 22	
4. Register Number 5 1 6 2 7 - 0 6 0 S I	5. Resident Name (Last, First, Middle)	6. Institution Code
Action Recommended From: 7. Job 8. Grade 9. Industry 10. Number 1 - 4 Code	Wage 11. Dot 12. Position Title Plan Code	
To: 13. Job 14. Grade 15. Industry 16 Number 1 - 4 Code	1 = Hourly 2 = G.P.W. 3 = P.W. X = Apprentice 17. Dot 18. Position Title 18. Position Title	O P H A H S
Month, Day, Year	me of Action 21. Check One: AM	PM
22 . Reason For Termination O 1 = Released 2 = Transfe 5 = Program Discontinued	and the control of th	
23. Continuation of Longevity 1 = yes 0 = no 2 = no	Status (For use only when termination is for release (MR or parole).	
24. Date	Of Enrollment Month, Day, Year	
25. Total Inmate	e Hours Involved	
26. Signatures:		ate: <u>/-/</u> 2-03
Approved By		ate:
Approved By		ate:
Entered On Payroll Records	Timekeeper Da	ate: <u>/ - / 2 - 0 4</u>

FPI Form 96 (9/98)

in partition

114.00

FPI Form 96 (9/98)

Inmate's Name: <u>Kevin Siggers</u>	Register Number: 51627-060
Institution Code: 231	Industry Code:MCFT
Job Description: <u>Industrial Cleaner</u>	Department: Production
Loads dumpsters and removes trash from th	reas including loading platform and outside rear of factory. roughout the factory. Removes off-fall from panel saws and nclude snow removal and material recycle. All other duties as
I have instructed inmate <u>Kevin</u>	Siggers Reg. No. 51627-060
in the proper procedures in which	to implement his assigned work detail, which
includes standard maintenance, sa	fety procedures, and routine use.
Chula Mal	4-27-01 Pate
Foreman	Date
I have received proper instruction	on on how to implement my job assignment. If
have any problem with implementin	g my assigned job, I am instructed to contact
my foreman immediately	
All the des	5/627660 4-26-01
Signature of Inmate	Register Number Date

Inmate's Name: SIG	GERS, KEVIN	Register Numb	per:51627-060
Institution Code:	231	Industry Code	
		- .	
Job Description: Bor	ing Machine Operator (1	Hori 1) Departm	ent: Assembly 1
		· · · · · · · · · · · · · · · · · · ·	
			lles boring machine. Bores
notes in taminated particles duties as assigned in UNIC	board. responsible for the OR	e quantity and quality of a	ll parts produced. All other
9,11 11 01,120	O1t.		
			•
I have instructed inm	ate <u>SIGGERS</u>	Reg. No	o. <u>51627-060</u> ir
the proper procedure	s in which to imp	lement his assigne	d work detail, which
includes standard mai	ntenance cafety	rocedures and rous	tine use
morado boditadia mai	incentance, salety i	oroccaures, and roa	cinc usc.
Chal, - Ml		<u>.</u>	JULY 13, 1999
roreman			Date
have received prope	r instruction on h	low to implement my	job assignment. If I
ave any problem with	implementing my a	ssigned job, I am i	nstructed to contact
y foreman immediatel	у.		
1 - 19			
fame Decar	<u> </u>	27-060	7-13-99
Signature of inma	te R	egister Number	Date

Inmate's Name: Sigger	s, Kevin	Register Numl	per: 51627-060	
Institution Code:	231	Industry Code	e: MCFT	
Job Description: Wood	working Shophand	Departs	ent: <u>Layup 1</u>	
Duties: Responsible for stac	king, cushioning and wr	apping product. Secur	es load with steel str	apping.
Responsible for visually insp	ecting all materials being			
duties as assigned in UNICO	к.			
I have instructed inma	te KEUMI L. Sigge	<u>rs Sa.</u> Reg. N	0.5/627.060	in
the proper procedures	•			
				WILCI
includes standard main	tenance, safety pr	ocedures, and ro	itine use.	
) /				
Januar .			4-12-99	
Foreman			Date	
I have received proper	instruction on ho	w to implement my	y job assignment	t. If I
have any problem with	implementing my as	signed job, I am	instructed to d	contact
my foreman immediately				
1				
			<i>(</i>	
Signature of Inmate		5/627.060 egister Number	<u> </u>	
		~		

Case 1:05-cv-00160-SJM-SPB Document 37-26 Filed 02/05/2007 Page 14 of 81 FEDERAL PRISON INDUSTRIES, Inc.

UNICOR - MCKEAN

P.O. BOX 8000

Phone #(814) 362-8900 Fax #(814) 362-4151 MEMORANDUM

DATE: September 30, 1999

REPLY TO:

ATTN OF Martin Sapko, Factory Manager.

SUBJECT: Issuance of Safety Glasses

TO: New UNICOR Inmate Workers

Effective immediately, all workers who are required to wear safety glasses will be furnished one (1) pair of safety glasses, These safety glasses may e kept in the housing unit or work locker. However, regardless of where you store them, they are your responsibility and must be well be cared for. If you lose your safety glasses, \$5.00 will be deducted from your monthly UNICOR pay at the end of the month for each pair lost, Safety glasses are required for all production workers and must be worn everywhere on the factory floor.

I received one (1) pair of safety glasses on 6 - 29 - 00, and I agree to the above conditions.

Signature: Com L. S. qgens Sq.

Reg. Number: 5/627066

frosher trans

FACTORY RULES AND REGULATIONS

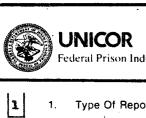
i v	, (
NAME & CALL	n L-SiGERS	11.00	1 !!	_
NAME TO LVI	10 1-3 (56 6 12)	UNIT CH	LOCKER#	Сніт#
,				

- INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY 1. RECEIVE PERMISSION FROM THEIR FOREMAN OR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THEY MUST REPORT IMMEDIATELY TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
- 2. ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
- 3. SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
- 4. HEARING PROTECTION MUST BE WORN AT ALL STATIONS DESIGNATED AS HIGH NOISE LEVEL AREAS.
- 5. INMATES WILL PREFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
- INMATE WORKERS WILL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR 6. EQUIPMENT, OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A SUPER-VISOR IS STRICTLY FORBIDDEN AND WILL BE SUBJECT TO AN INCIDENT REPORT.
- 7. OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR REMOVAL OF SAID GUARDS IS FORBIDDEN AND SUBJECT TO DISCIPLINARY ACTION.
- 8. HORSEPLAY WILL NOT BE TOLERATED AND IS SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
- 9. FORKLIFT OPERATORS ARE THE ONLY ONES AUTHORIZED TO RIDE ON THE FORKLIFTS. DO NOT RIDE ON THE FORKLIFTS OR PALLET-TRUCKS.
- REPORT ALL SAFETY HAZARDS TO YOUR SUPERVISOR IMMEDIATELY. DO NOT CONTINUE TO WORK UNDER 10. UNSAFE CONDITIONS.
- 11. ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
- 12. ALL INMATE WORKERS ARE PROHIBITED FROM BRINGING PERSONAL PROPERTY INTO, OR TAKING UNAUTHORIZED ITEMS OUT OF, UNICOR.
- 13. THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON GOVERNMENT EQUIPMENT IS AGAINST THE REGULATIONS AND IS PROHIBITED IN THE UNICOR FACTORY.
- 14. THERE WILL BE ABSOLUTELY NO SMOKING IN THE FACTORY, EXCEPT IN DESIGNATED AREAS. ANY VIOLATION OF THIS RULE WILL RESULT IN AN IMMEDIATE INCIDENT REPORT AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
- 15. WORK STOPS 10 MINUTES PRIOR TO LUNCH FOR TOOL CALL AND WASH UP, AND 20 MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
- 16. INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, AND WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
- 17. INMATES WHO HAVE TRANSFERRED FROM ANOTHER INSTITUTION DUE TO DISCIPLINARY REASONS WILL BE PLACEDON THE NON-PRIORITY UNICOR WAITING LIST.

I understand the above rules and regulations, and understand that disregard for any of the above shall constitute a reason for my termination from UNICOR Employment.

Register No: 5 1627060 Date: 6-29-00

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL FEDERAL CORRECTIONAL INSTITUTION HOSPITAL FOR Macked in the concerned of the conc
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UNICOR Industrial Employment/IPRS Action Report

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 I	Both = 3			
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change in Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26				
3. If IPRS Action Enter 2 For Enrollment, Complete Iter Enter 3 For Completion, Complete Ite Enter 4 For Withdrawal, Complete Ite	ms 4 - 6, 19			
4. Register Number 5. Resident Name (Last, Firs) 5	t, Middle)	6. Institution Code		
Action Recommended				
From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot Number 1 - 4 Code Plan Code	12. Position Title			
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1 = Hourly	iaa			
2 = G.P.W. X = Apprent 3 = P.W. 13. Job 14. Grade 15. Industry 16. Wage 17. Dot Number 1 - 4 . Code Plan Code	18. Position Titlé			
	1 1 1 1 4.			
19. Effective Date Month, Day, Year MC P 7 1 7 6 9 6 8 7 0 5 4	21. Check One: A	PM PM		
0 4 1-12 12 12 12 12 12 12 12 12 12 12 12 12 1	be.			
22. Reason For Termination Of Employment Or Withdrawal				
1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs				
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination	is for release (MR or parole).			
24. Date Of Enrollment Month, Day, Year				
25. Total Inmate Hours Involved				
26. Signatures:				
Recommended By	_ Foreman	Date: 4-/1/52		
Approved By	_ Plant Superintendent	Date:		
Approved By	_ Ass't Supt. Or Business Mgr.	Date:		
Entered On Payroll Records	_ Timekeeper	Date:		
P. Roused Form 96 White	Green			

Distribution:



UNICOR

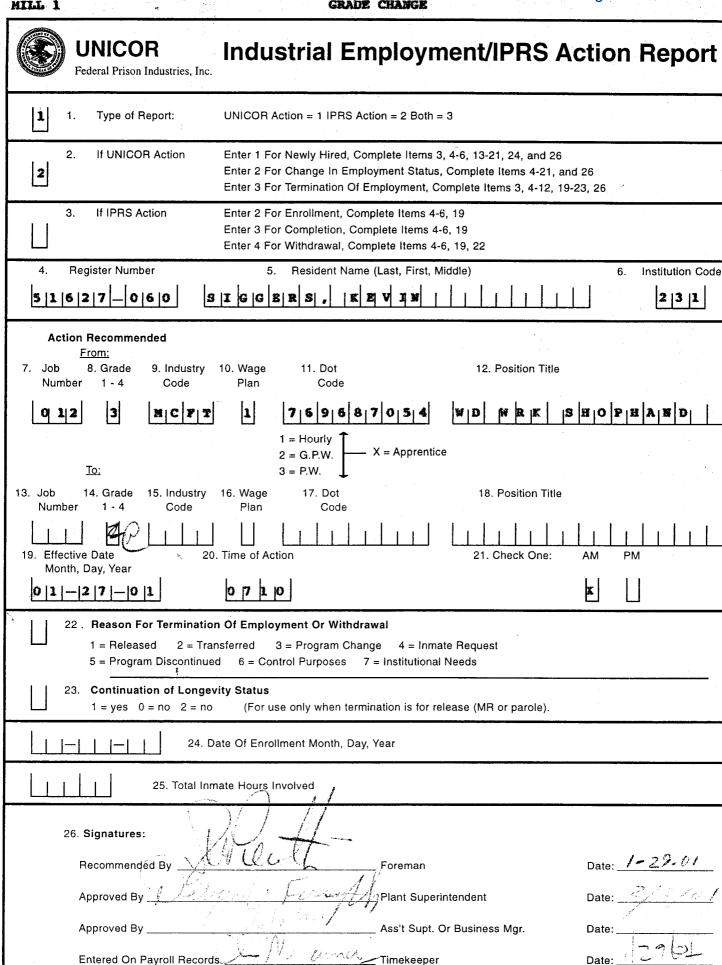
Industrial Employment/IPRS Action Report

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2	Both = 3
	tems 3, 4-6, 13-21, 24, and 26 Status, Complete Items 4 - 21, and 26 nent, Complete Items 3, 4 - 12, 19 - 23, 26
3. If IPRS Action Enter 2 For Enrollment, Complete Ite Enter 3 For Completion, Complete It Enter 4 For Withdrawal, Complete It	ems 4 - 6, 19
4. Register Number 5. Resident Name (Last, Fire	st, Middle) 6. Institution Code
Action Recommended	
From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot Number 1 - 4 Code Plan Code	12. Position Title
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	ntice
To: 3 = P.W. ↓ 13. Job 14. Grade 15. Industry 16. Wage 17. Dot Number 1 - 4 Code Plan Code	18. Position Title
19. Effective Date Month, Day, Year	21. Check One: AM PM
<u> </u>	T.
22. Reason For Termination Of Employment Or Withdrawal	
1 = Released 2 = Transferred 3 = Program Change 5 = Program Discontinued 6 = Control Purposes 7 = 1	4 = Inmate Request Institutional Needs
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24. Date Of Enrollment Month, Day, Year	
25. Total Inmate Hours Involved	
26. Signatures:	
Recommended By	Foreman Date:
Approved By	Plant Superintendent
Approved By	Ass't Supt. Or Business Mgr. Date:
Entered On Payroll Records	Timekeeper Date:
P. Revisart Form 96	Green

Distribution:

White------ Business office Canary------ Terminal operator

--- Foreman



FPI Form 96 (9/98)

The state of the s			·	
UNICOR Federal Prison Industries, Inc.	ndustrial En	nploymen	t/IPRS Ad	ction Report
1. Type of Report: Uf	NICOR Action = 1 IPRS Ac	tion = 2 Both = 3		
2 Er	nter 1 For Newly Hired, Co nter 2 For Change In Empl nter 3 For Termination Of E	oyment Status, Comp	lete Items 4-21, and	
E r	nter 2 For Enrollment, Com nter 3 For Completion, Con nter 4 For Withdrawal, Com	nplete Items 4-6, 19	22	
4. Register Number 5 1 6 2 7 - 0 6 0 s 1	1.1.1.1.1	(Last, First, Middle)		6. Institution Code
Action Recommended From: 7. Job 8. Grade 9. Industry 10. Number 1 - 4 Code	Wage 11 Dot Plan Code		12. Position Title	
Number 1 - 4 Code 0 1 2 3 M C F T 19. Effective Date 20. Tin Month, Day, Year	1 = Hourly ↑		18. Position Title	HOPHAWD HOPHAWD MA PM
22 . Reason For Termination Of 1 = Released 2 = Transfe 5 = Program Discontinued 23. Continuation of Longevity 1 = yes 0 = no 2 = no	rred 3 = Program Chan 6 = Control Purposes 7	ge 4 = Inmate Rec	3	
24. Date	Of Enrollment Month, Day,	Year		•
25. Total Inmate	Hours Involved	.		
Approved By Approved By Entered On Payroll Records	Mouth ME with Lahar / Lahar /	Foreman Plant Superintende Ass't Supt. Or Busi		Date: 16/13/67 Date: 16/14/66 Date: 16/14/66 Date: 16/14/66
,				

FPI Form 96 (9/98)

Distribution:

White (Business Office)

Canary (Terminal Operator)

Pink (Placement)

Goldenrod (Foreman)

CERTIFICATION FOR EQUIPMENT

DEPARTMENT FOREMAN

I have instructed Inmate:	Siggers, Kevin	Reg. No.	51627-060
in the proper operation of the	e: * CNC ANDI TRAINEE		
including safety procedures,	routine use, and standard maintenanc	e.	
		Chuc	k Nolan
		Fo	reman
		Date: _	2/18/03
		Dept: N	Aill 1

INMATE

I have received the proper instructions on how to operate the above mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

Signature of Inmate

Reg No 5/6

2-18-03

FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.

Factory Foreman

I have instructed Inmate

Reg. No.

51627-060

Factory Foreman

UNICOR, Federal Prison Industries, Inc. Federal Correction Institution McKean, PA 16701

CERTIFICATION FOR EQUIPMENT

DEPARTMENT FOREMAN

Siggers, Kevin

in the proper operation of the: PANEL SAW Z-32 (SCMI)
including safety procedures, routine use, and standard maintenance.
Foreman
Date: 1-3/-02
Dept: Mill 1
INMATE
I have received the proper instructions on how to operate the above mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman
immediately to rectify any problems.
Signature of Inmate
Reg. No. 5/627060
1/31/02
FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of

the factory and find that he is consistently observing proper procedures.

Inmate's Name: Siggers, Kevin	Register Number: 51627-060
Institution Code: 231	
#2.	
Job Description: Saw Operator (Z-32 Panel Sav	w) Department: Mill 1
Duties: Responsible for the proper set-up and saf particleboard for the fabrication of work surfaces, dra for the quantity and quality of all parts produced. All	wer fronts, end panels and other parts. Responsible
I have instructed inmate Siggers, Kevin	
includes standard maintenance, safety pr	ocedures, and routine use.
Foreman	Date
have received proper instruction on ho	w to implement my job assignment. If I
have any problem with implementing my as	signed job, I am instructed to contact
ny foreman immediately.	<u>27060</u> _3-15-02
Signature of Inmate / Reg	ister Number Data

CERTIFICATATION FOR EQUIPMENT

DEPARTMENT FOREMAN

I have instructed inmate:	Kevin Siggers	Reg. No:	51627-060
in the proper use of the:	Tennon Machine		
including safety procedure	es, routine use, and standard maintenance.		
		Ch	Foreman

Date: July 14, 2003 Department: Mill 1

INMATE

I have received the proper instructions on how to operate the above-mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

Signature of Inmate

Reg. No. 5/62701

FACTORY FOREMAN

I am certain that the above inmate is qualified for operating the equipment listed above and that he understands the proper and safe procedures that are necessary for the operation of the equipment.

Factory Foreman

UNICOR Industrial Employment/IPRS Action Report
1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code
5 1 6 2 7 0 6 0 SII G G E R S, K E V I N 1 1 2 3 1
Action Recommended
<u>From:</u> 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code
0 1 2 4 M C F T 1 7 6 9 6 8 7 0 5 4 W D W R X S H O P H A M D
To: 3 = P.W. ↓ 13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title Number 1 - 4 Code Plan Code
19. Effective Date 20. Time of Action 21. Check One: AM PM Month, Day, Year
0 5 - 2 9 - 0 0 0 7 1 0
22 . Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs 23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
24. Date Of Enrollment Month, Day, Year
25. Total Inmate Hours Involved
26. Signatures:
Recommended By Chul - Melo Foreman Date: 7-3-30
Approved By Plant Superintendent Date:
Approved By Ass't Supt. Or Business Mgr. Date:
Entered On Payroll Records Timekeeper Date:

BP-S148.070 INMATE REQUEST TO STAFF MEMBER COFFRM UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS MR. PIGROTTA (Name and Title of Officer) State completely but briefly the problem on which you desire assistance and what you think should be done (Give details). Would like My Jod Changed to ical Boring Machine on the ASSEMBLY SPOKE to MR. NOLAN AND WAS HSSEMBLU (Use other side of page if more space is needed) IN C-Siggers Sr. NAME: NO.: 5/627-060 LAYUP I WORK ASSIGNMENT: NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken. Do not write in this space) 5-19-29 DATE OK WITH AN

Record Copy - File; Copy - Inmate
(This form may be replicated via WP) Replaces BP-148 of Oct 86

UNICOR FACTORY RULES AND SAFETY REGULATIONS FOR INMATE WO

_	WORKERS
N	ame: Keuzh L. Siggens SR. Unit: 34 Locker#Chit#
1)	
2)	ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
3)	SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
4)	HEARING PROTECTION MUST BE WORN AT ALL WORK STATIONS THAT ARE DESIGNATED AS HIGH NOISE LEVEL AREAS.
5)	IMMATES SHALL PERFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR
6)	INMATE WORKERS SHALL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMENT OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A FOREMAN OR SUPERVISOR, IS STRICTLY OF STRICTLY ASSIGNED BY A FOREMAN OR SUPERVISOR, IS STRICTLY ASSIGNED BY A FOREMAN OR SUPERVISOR, IS STRICTLY ASSIGNED.
7)	OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR THE REMOVAL OF ANY SAFETY GUARDS IS FORBIDDEN. FAILURE TO COMPLY SHALL RESULT IN DISCIPLINARY ACTION.
8)	HORSE PLAY WILL NOT BE TOLERATED AND VIOLATORS ARE SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
9)	DESIGNATED FORKLIFT OPERATORS ARE THE ONLY INDIVIDUALS AUTHORIZED TO OPERATE THE FORKLIFT. DO NOT RIDE OF
10)	REPORT ALL SAFETY HAZARDS TO YOUR WORK SUPERVISOR IMMEDIATELY. DO NOT CONTINUE TO WORK UNDER UNSAFE CONDITIONS.
11)	ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
12)	ALL INMATE WORKERS ARE <u>PROHIBITED</u> FROM BRINGING ANY PERSONAL PROPERTY INTO UNICOR OR REMOVING UNAUTHORIZED ITEMS FROM THE UNICOR FACTORY.
13)	THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON UNICOR EQUIPMENT IS AGAINST REGULATIONS AND IS STRICTLY PROHIBITED.
14)	THERE WILL BE ABSOLUTELY <u>NO SMOKING</u> IN THE FACTORY, EXCEPT IN THE DESIGNATED SMOKING AREAS. ANY VIOLATION OF THIS RULE SHALL RESULT IN IMMEDIATE DISCIPLINARY ACTION AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
5)	WORK STOPS TEN (10) MINUTES PRIOR TO LUNCH FOR WASH UP, AND TWENTY (20) MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
6)	INMATES WHO RECEIVE A <u>DISCIPLINARY SEGREGATION</u> SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, LOSS OF LONGEVITY, LOSS OF GRADE AND SHALL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
7)	INMATES WHO HAVE BEEN DISCIPLINARY TRANSFERRED FROM ANOTHER INSTITUTION SHALL BE PLACED ON THE NON- PRIORITY UNICOR WAITING LIST.

I UNDERSTAND THE ABOVE RULES AND REGULATIONS, AND UNDERSTAND THAT DISREGARD FOR ANY OF THE ABOVE SHALL

CONSTITUTE A REASON FOR MY TERMINATION FROM UNICOR EMPLOYMENT.

MEMORANDUM

F.P.I. MCKEAN, PA

DATE:

Y TO

N OF: Debora Forsyth, Factory Manager

TECT: Issuance of Safety Glasses

TO: New UNICOR Inmate Workers

Effective immediately, all workers who are required to wear safety glasses will be furnished one (1) pair of safety glasses. These safety glasses may be kept in the housing unit or work locker. However, regardless of where you store them, they are your responsibility and must be well be cared for. If you lose your safety glasses, \$5.00 will be deducted from your monthly UNICOR pay at they end of the month for each pair lost. Safety glasses are required for all production workers and must be worn everywhere on the factory floor.

I received one (1) pair of safety glasses on fund 22,1999, and I agree to the above conditions.

Signature of Gum

Name

KEUIN C. Siggens SR.

Reg. Number 5/627-060

CERTIFICATION FOR EQUIPMENT

DEPARTMENT FOREMAN

I have instructed Inmate:	ggers, Kevin	Reg. No	51627-060
in the proper operation of the: including safety procedures, routin	* CNC ANDI TRAINEE e use, and standard maintenance	÷.	
			k Nolan oreman
		Date: _	2/18/03
		Dept:	Mill 1

<u>INMATE</u>

I have received the proper instructions on how to operate the above mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

Signature of Inmate

Reg. No.

FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.

Factory Foreman

14

UNICOR McKean Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

Inmate's Name: Siggers, Kevin	Register Number	351627-060
Institution Code: 231	Industry Code:_	MCFT
Job Description: Router Operator Trainee - Cl	NC ANDI Department	:: <u>Mill 1</u>
Duties: Responsible for learning the proper procedur CNC routing machine. Assists CNC Operator to c particleboard. Responsible for the quantity and quality in UNICOR.	ut slats, grooves, designs o	or recesses in laminated
I have instructed inmate Siggers, Kevin	Reg. No.	51627-060 ir
the proper procedures in which to impl	ement his assigned	work detail, which
includes standard maintenance, safety pr	cocedures, and routing	ne use.
Cho ha		2-18-03
Foreman	-	Date
have received proper instruction on ho	ow to implement my jo	bb assignment. If I
nave any problem with implementing my as	signed job, I am ins	structed to contact
My foreman immediately. 1 160	27060	2-18-03
/%ignature of Inmate Req	ister Number	Date

Inmate's Name: Siggers, Key	/in	Register Number:_	51627-060
Institution Code:		Industry Code:	
Job Description: Woodworking	Shophand	Department:	Production
Duties: Performs any combination of also inspect parts for belmishes or de the quantity and quality of all parts h	efects. Off loads machi	ines and fill in where n	eeded. Responsible for
I have instructed inmate _Si	ggers, Kevin	Reg. No.51 <u>627</u> -	-060
in the proper procedures in includes standard maintenanc			
Charle-Mulan Foreman			ー心 -ひゝ Date
I have received proper instr	uction on how to	implement my job	assignment. If I
have any problem with implem	enting my assign	ed job, I am inst	ructed to contact
my foreman immediately. Signature of Inmate	. Segist	27060 er Number	7-6-00 Date

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Federal Prison Industries, In	Industrial Employ	/ment/IPRS A	ction Report
1. Type Of Report:	UNICOR Action = 1 IPRS Action = 2 Both	n = 3	
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26			
3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4 Enter 3 For Completion, Complete Items Enter 4 For Withdrawal, Complete Items	4 - 6, 19	
4. Register Number 5 1 6 2 7 0 6 9	5. Resident Name (Last, First, M 5. 耳 G 耳 耳 S 双 耳 以 I III	iddle)	6. Institution Code
Action Recommended			
From: 7. Job 8. Grade 9. Industry Number 1 - 4 Code	10. Wage 11. Dot Plan Code	12. Position Title	
0,1,3 5 11 15 15 15 15 15 15	1 = Hourly	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	B C P P A P P
<u>To:</u>	2 = G.P.W. $3 = P.W.$ X = Apprentice		
13. Job 14. Grade 15. Industry Number 1 - 4 Code	16. Wage 17. Dot Plan Code	18. Position Title	
19. Effective Date 20. Tim	1 7 6 3 6 3 7 0 5 4 e Of Action		m d m d m m l
04-122-134	7 1 9		<u> </u>
22. Reason For Termination (Of Employment Or Withdrawal		1
1 = Released 2 = Tr 5 = Program Discontinue		= Inmate Request utional Needs	
23. Continuation of Longevity 1 = yes 0 = no 2 = no		or release (MR or parole).	
24. Date	Of Enrollment Month, Day, Year		
25. Total Inm.	ate Hours Involved		
26. Signatures:			· · · · · · · · · · · · · · · · · · ·
Recommended By	<u> </u>	oreman	Date: <u>4/3-99</u>
Approved By	2/1/2 / N PI	ant Superintendent	Date:
Approved By	A:	ss't Supt. Or Business Mgr.	Date:
Entered On Payroli Recor	dsTi	mekeeper	Date:
FPI Revised Form 96 Distribution	on: White Business office Canary Terminal operator	Green Placement	



Industrial Employment/IPRS Action Report

3 1. Type Of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3
 	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change in Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26
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4. Register Number 5 1 6 2 7 0 6 0 5	5. Resident Name (Last, First, Middle) 6. Institution Code 耳ら日子耳らり 本男 マエオ 1 2 3 1
Action Recommended	
7. Job 8. Grade 9. Industry 10. Number 1 - 4 Code	. Wage 11. Dot 12. Position Title Plan Code
9 1 2 3 2 7 9 7	7 6 9 6 8 7 Q 5 4 N N N N N N N N N N N N N N N N N N
	1 = Hourly 2 = G.P.W. X = Apprentice
<u>To:</u> 13. Job 14. Grade 15. Industry 16. Number 1 4 Code	3 = P.W. ↓ . Wage 17. Dot 18. Position Title
	Plan Code
19. Effective Date 20. Time (Of Action 21. Check One: AM PM
7 7 7 7 9 9	7 4 9
22. Reason For Termination Of	Employment Or Withdrawal
1 = Released 2 = Tran 5 = Program Discontinued	
23. Continuation of Longevity S 1 = yes 0 = no 2 = no	itatus (For use only when termination is for release (MR or parole).
24. Date O	f Enrollment Month, Day, Year
25. Total Inmate	e Hours Involved
26. Signatures:	6.11.12.4
Recommended By	Foreman Date:
Approved By	Plant Superintendent Date:
Approved By	Ass't Supt. Or Business Mgr. Date:
Entered On Payroll Records	Timekeeper Date:
I Rowsod Form 96	White Business office Green

FPI Revised Form 9

Distribution:

White----- Business office Canary----- Terminal operator

Confidence and the property of the result of the property of the result of the property of the pr

UNICOR Industrial Employment/IPRS A	ction Report				
1 1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3					
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4. Register Number 5. Resident Name (Last, First, Middle) β 1 6 2 7 0 6 0 S I G G E R S	6. Institution Code				
Action Recommended From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code					
1 = Hourly 2 = G.P.W. 3 = P.W. 13. Job 14. Grade 15. Industry 16. Wage Plan Code 18. Position Title 18. Position Title 2. Code 19. Code 1	MIACH JOPER.				
	AM PM				
22. Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs					
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).					
24. Date Of Enrollment Month, Day, Year					
25. Total Inmate Hours Involved					
26. Signatures: Recommended By Foreman	Date:				
Approved By Approved By Approved By Ass't Supt. Or Business Mgr.	Date:				
Entered On Payroll RecordsTimekeeper	Date:				

FPI Revised Form 96

Distribution:

Production Worker's Training Record

(CHECKLIST) for

Inmate Name	Siggers	Kevin	Reg. Number	51627-060
	,	,		
1.) I have had a	a department orientation	on by my department su	pervisor.	
		ctory Rules and Safety		
3.) I have read	and understand the de	partment procedures for	my assigned area.	
4.) I have partic	cipated in the 3 credit	hrs., Industrial Familiari	ization Class.	
2 5.) Have had o	on the job training with	n an experienced produc	tion worker.	
	and understand my Job			
		OS center in the Unicor I	Factory.	
8.) I have familiand the role	arized myself with IS I play in the system.	SO-9001-2000 standard	s, Unicor McKeans Q.	M.S.,
		. ^		
Mat Caraco	Mark .	~ (11.7711.1)		//- 253
Inmate Signati	ire & Reg. Number	~. >110×100	(0	Date Date
Charl.	n Mel		6~/	& ~0 <u>}</u>
Woodworking	Supervisor Signature			Date

TITLE:	TRAINING RECORD	CONT	ROL NO.	1403	DATE:	6/11/0	3
Production -	UNICOR MCKEAN	REV:	Original	Issue	SHEET	1 OF 1	

Case 1:05-cv-00160-SJM-SPB___Document 37-26__ Filed 02/05/2007 Page 36 of 81

Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

	-		
Inmate's Name:	Siggers, Kevin	Register Numb	er: 51627-060
Institution Code:	231	Industry Code	:MCFT
Job Description:	Wood Working Shophane	dDepartm	ent: Mill 1
also inspect parts for b	lemishes or defects. Off le	eg: cutting, cleaning, moving, oads machines and fills in wh l other duties as assigned in l	tere needed. Responsible for
•	inmate <u>Siggers</u> ,	,	0. <u>51627-060</u> in
the proper proced	ures in which to i	implement his assigne	d work detail, which
includes standard Ome One Foreman	maintenance, safety	y procedures, and rou	9-20-00 Date
I have received pr	oper instruction or	n how to implement my	job assignment. If I
nave any problem w	ith implementing my	y assigned job, I am	instructed to contact
my foreman immedia	ja s	1607060 Register Number	9-2000 Date

JOB CHANGE

UNICOR Federal Prison Industries, Inc.	Industrial Employment/IPRS Action Report
2 1. Type of Report	UNICOR Action = 1 IPRS Action = 2 Both = 3
2 If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24 and 26 Enter 2 For Change in Employment Status, Complete Items 4-21, and 26 Enter3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
2 3. If IPRS Action	Enter 2 For Enrollment, Complete 4-6, 19 Enter 3 For Completion, Complete 4-6, 19 Enter 4 For Withdrawal, Complete 4-6, 19, 22
4. Registration Number 5 1 6 2 7 - 0 6 0	5. Resident Name (Last, First, Middle) 6. Institution Code S I G G E R S K E V I N 2 3 1
Action Recommended From: 7. Job 8. Grade 9. Industry Number 1 - 4 Code O 1 1 2 M C F T	Plan Code
To: 13. Job 14. Grade 15. industry Number 1 - 4 Code O 1 4 2 M C F T 19. Effective Date Month, Day, Year 0 4 - 0 7 - 0 5	3= P.W. 16. Wage
	of Employment Or Withdrawal ransferred 3 = Program Change 4 = Inmate Request 1 0 = Central Pusposes A Z. জ Jacobs শিক্ষা কর্মান ক্রমান কর্মান কর্মান ক্রমান ক্রমান কর্মান ক্রমান ক্রম
23. Continuation of Longevity 1 = yes 0 = no 2	Status = no (For use only when termination is for release (MR or parole).
2	4. Date Of Enrollment Month, Day, Year
25. Total Inn	nate Hours Involved ,
26. Signatures: Recommended By	Foreman Date: 4-7-05
Approved By	Plant Superintendent Date:
Approved By Entered On Payroll Record	Ass't Supt. Or Business Mgr. Date: Date: 475

FPI Form 96 (9/98)

Distribution: Business Office 2. Terminal Operator

3. Placement

4. Foreman

UNICOR McKean Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

JOB DESCRIPTION REPORT

Inmate's Name: Siggers, Kevin	Register Numbe	er: 51627-060
Institution Code: 231	Industry Code:	MCFT
Job Description: Woodworking Shopha	nd (/ N/ A // Department	~+. M;ll 1
dob bescription: woodworking Snopha	nd (CABOR) Departme	iic: <u>wim i</u>
Duties: Performs any combination of the followalso inspect parts for blemishes or defects. Of		
the quality and quantity of all parts handled.		
I have instructed inmate Siggers,	Kevin Reg. No	51627-060
in the proper procedures in which	to implement his assigne	d work detail, which
includes standard maintenance, saf	ety procedures, and rout	ine use.
		/ / ,
Street	_	3/24/6/
Foreman	_	Date
I have received proper instruction		
have any problem with implementing	my assigned job, I am i	nstructed to contact
my foreman/immediately.		
	51627-060	8/24/01
Signature of Inmate	Register Number	Date

UNICOR, Federal Prison Industries, Inc. Federal Correction Institution McKean, PA 16701

CERTIFICATION FOR EQUIPMENT

DEPARTMENT FOREMAN

Reg. No.

51627-060

I have instructed Inmate Siggers, Kevin

in the proper operation of the: PANEL SAW Z-32 (SCMI)
including safety procedures, routine use, and standard maintenance.
Foreman
Date: 1-3/-02
Dept: Mill 1
<u>INMATE</u>
I have received the proper instructions on how to operate the above mentioned equipment. In case of a
situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman
immediately to rectify any problems.
Signature of Inmate
Reg. No. 5/627060
1/31/02
FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.

Factory Foreman

UNICOR McKean Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

JOB DESCRIPTION REPORT

Inmate's Name: Siggers,	Kevin	Register Number:	51627-060
Institution Code:	231	Industry Code:	
NUMB	ER 2		
Job Description: Saw Opera	tor (Z-32 Panel Saw)	Department:	Mill 1
Duties: Responsible for the prop particleboard for the fabrication of for the quantity and quality of all	f work surfaces, drawer	fronts, end panels and ot	her parts. Responsible
I have instructed inmate _ the proper procedures in			
includes standard maintena			
Foreman	· · · · · · · · · · · · · · · · · · ·		7-/3-0] Date
have received proper ins	truction on how t	o implement my job	assignment. If I
nave any problem with impl	ementing my assig	ned job, I am inst	ructed to contact
ny foreman immediately.			
Mad guil Dis	51627	060	//-/ <i>}-</i> 0/
Signature of Inmate	Regist	er Number	Date

PRODU	CTION-1	

JOB CHANGE
Document 37-26

UNICOR Industrial Employment/IPRS Action Report

Federal Prison Industries, Inc.	maaomar Employn			
2 1. Type of Report	UNICOR Action = 1 IPRS Action = 2 Both = 3			
2 If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, Enter 2 For Change in Employment Status, Com Enter3 For Termination Of Employment, Comple	nplete Items 4-21, and 26		
2 3. If IPRS Action	Enter 2 For Enrollment, Complete 4-6, 19 Enter 3 For Completion, Complete 4-6, 19 Enter 4 For Withdrawal, Complete 4-6, 19, 22			
4. Registration Number 5 1 6 2 7 - 0 6 0 Action Recommended	5. Resident Name (Last, Firs	t, Middle) 6. Institution Code COPY 2 3 1		
From: 7. Job 8. Grade 9. Industry Number 1 - 4 Code O 1 1 2 M C F T	Plan Code	12. Position Title PANEL SAW OPERAT rentice		
13. Job 14. Grade 15. Industry Number 1 - 4 Code O 1 4 2 M C F T 19. Effective Date Month, Day, Year O 4 - 0 7 - 0 5	Plan Code	18. Position Title M A T E R I A L C O O R D I N 21. Check One: AM PM X		
22. Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request - Forgum Discontinued 3 - Syntrol Purpers of Table Monday 23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).				
24	Date Of Enrollment Month, Day, Year			
25. Total Inm	ate Hours Involved			
26. Signatures: Recommended By Approved By Approved By Entered On Payroll Record	1 /- M lo x anxan	Date: 4-7-05 tendent Date: Business Mgr. Date: Date: 4705		

FPI Form 96 (9/98)

Distribution:

1. Business Office

2. Terminal Operator

3. Placement

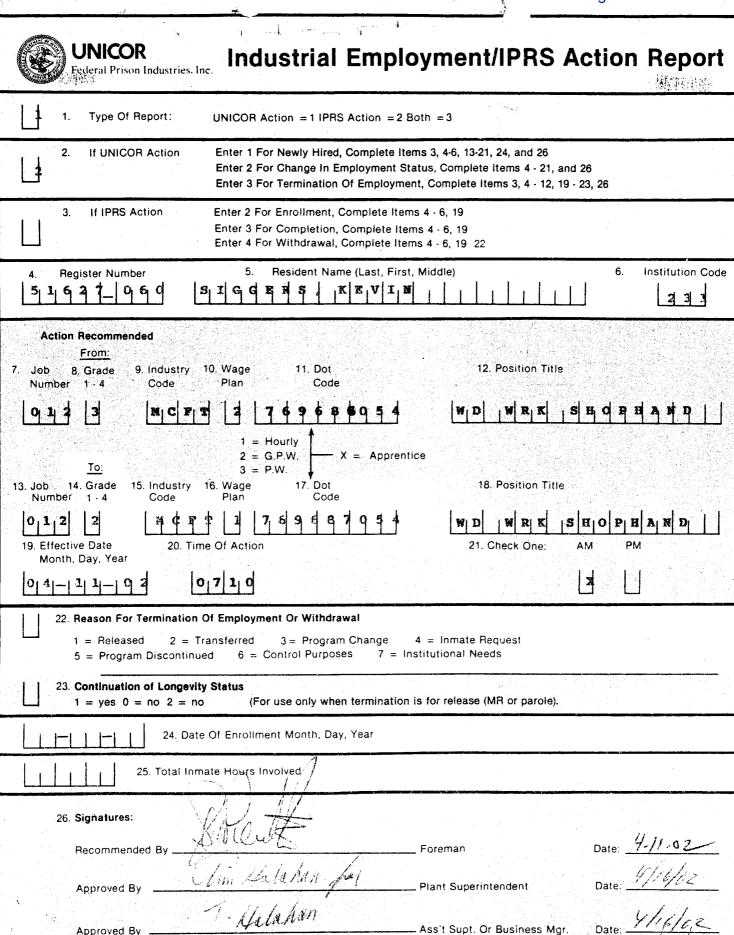
4. Foreman

Case 1:05-cv-00160-SJ		t 37- 26 F	Filed 02/05/2007	Page 42 of 81
UNICOR Federal Prison Industries, Inc.		1	nent/IPRS A	ction Report
1. Type of Report:	UNICOR Action = 1 IPRS A	Action = 2 Both =	3	
2. If UNICOR Action	Enter 1 For Newly Hired, C Enter 2 For Change In Emp Enter 3 For Termination Of	ployment Status,	Complete Items 4-21, ar	
3. If IPRS Action	Enter 2 For Enrollment, Co Enter 3 For Completion, Co Enter 4 For Withdrawal, Co	omplete Items 4-	6, 19	
4. Register Number	5. Resident Nan	ne (Last, First, N	liddle)	6. Institution Code
5 1 6 2 7 - 0 6 0 s	IGGERS	EVIN		2 3 1
Action Recommended	-			
<u>From:</u> 7. Job 8. Grade 9. Industry Number 1 - 4 Code	10. Wage 11. Dot Plan Code		12. Position Title	
0 1 2 2 MCFT	1 = Hourly 2 = G.P.W.	7 0 5 4 — X = Apprentic		S H O P H A N D
<u>To:</u>	3 = P.W.	Property		
13. Job 14. Grade 15. Industry Number 1 - 4 Code	16. Wage 17. Dot Plan Code	7.0	18. Position Title	
70. 201	Time of Action		21. Check One:	AM PM
Month, Day, Year	MCFT			
22 . Reason For Termination 1 = Released 2 = Tran 5 = Program Discontinue	nsferred 3 = Program Ch		ate Request I Needs	
23. Continuation of Longev 1 = yes 0 = no 2 = no	rity Status (For use only when te	rmination is for re	elease (MR or parole).	
24. D	ate Of Enrollment Month, D	ay, Year		
25. Total Inn	nate Hours Involved			
26. Signatures: Recommended By Approved By Approved By Entered On Payroll Record	Jahan day Jada tr. Ten	Foreman Plant Supe Ass't Supt. Timekeepe	Or Business Mgr.	Date: 1-12-03 Date: 1/12/64 Date: 1-12-04

Case 1:05-cv-00160-S			e 43 of 81
UNICOR Federal Prison Industries, Inc	Industrial Emplo		
3 1. Type of Report:	UNICOR Action = 1 IPRS Action = 2 E	3oth = 3	
2. If UNICOR Action	Enter 1 For Newly Hired, Complete Ite Enter 2 For Change In Employment S Enter 3 For Termination Of Employme	tatus, Complete Items 4-21, and 26	
3. If IPRS Action	Enter 2 For Enrollment, Complete Iter Enter 3 For Completion, Complete Ite Enter 4 For Withdrawal, Complete Iter	ms 4-6, 19	
4. Register Number	5. Resident Name (Last, Fi	rst, Middle)	6. Institution Code
विभवयम् । ०।६। ७	SIIGGERS, KEVII	N	2 3 1
Action Recommended			
<u>From:</u> 7. Job 8. Grade 9. Industry Number 1 - 4 Code	10. Wage 11. Dot Plan Code	12. Position Title	Ž
0 1 2 2 M C F T	7 6 9 6 8 7 0 5	WD WRK SH	D P H A N D
	1 = Hourly 2 = G.P.W. X = App	rentice	
<u>To:</u>	3 = P.W.		
13. Job 14. Grade 15. Industry Number 1 - 4 Code	16. Wage 17. Dot Plan Code	18. Position Title	
19. Effective Date 2	20. Time of Action	21. Check One: AM	PM
Month, Day, Year 1 2 - 1 9 - 0 3	0 7 1 0	x	
1 17	•	= Inmate Request Itional Needs	
23. Continuation of Longo 1 = yes 0 = no 2 = n	-	for release (MR or parole).	
24.	Date Of Enrollment Month, Day, Year		
25. Total Ir	nmate Hours Involved		
26. Signatures:			
Recommended By	heliahe Forem	nan Da	te: 13-19-03
Approved By	THAMAGU ME Plant	Superintendent Da	te: 12/19/62
Approved By	J- Mahhhm Assit	Supt. Or Business Mgr. Da	te: <u>13/14/6</u> =

FPI Form 96 (9/98) Distribution:

Entered On Payroll Records



Entered On Payroll Records

Date:

Timekeeper



UNICOR

Federal Prison Inc	lustries. Inc.	idustriai Li	inproyine		A Marie
1. Type Of Repo	ort: UNICO	DR Action = 1 IPRS Act	ion = 2 Both = 3		
2. If UNICOR AC	Enter	1.	yment Status, Comp	3-21, 24, and 26 lete Items 4 - 21, and 26 e Items 3, 4 - 12, 19 - 23, 26	
3. If IPRS Actio	Enter	2 For Enrollment, Comp 3 For Completion, Com 4 For Withdrawal, Com	plete Items 4 - 6, 19	22	
4. Register Number 5 1 6 2 7 5 6 ρ	S _I I G	5. Resident Name (L	ast, First, Middle)	6.	Institution Code
17、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、	dustry 10. Wag ode Plan			12. Position Title	
<u>To:</u> 13. Job 14. Grade 15. Ir	1 Luly 1 2	= P.W. le 17. Dot	5 4 Apprentice	D Y R X P H P P	ekpb []
0 1 2 3 M 19. Effective Date Month, Day, Year 0 3 -1 1 -0 2	20. Time Of Ac		بلبا لصلبا	D W R K , S R O P 21. Check One: AM	H A N D
22. Reason For Terr 1 = Released 5 = Program Di	2 = Transferr	oyment Or Withdrawal ed 3 = Program Ch = Control Purposes	ange 4 = Inmat 7 = Institutional	•	
23. Continuation of 1 = yes 0 = no		(For use only when ter	mination is for releas	se (MR or parole).	
	24. Date Of Enr	ollment Month, Day, Ye	ar		
25.	Total Immate Hou	rs Involved/			
26. Signatures : Recommended Approved By	Jelo	na Tous	Foreman Plant Sup	Date: erintendent Date;	3-21-02
Approved By	This	Hala hur	/ Ass't Sup	t. Or Business Mgr. Date:	3/2/02
Entered On Pay	roll Records	L Mhraein	T Timekeep	er Date:	
FPI Revised Form 96	Distribution:		ss office Gree		

UNICOR Industrial Employment/IPRS Action Report
1 1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code 5 1 6 2 7 - 0 6 0 S I G G B R S , K E V I N
Action Recommended From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code
O 1 2 3 M C F T 1 7 6 9 6 8 7 0 5 4 W D W R K S H O P H A H D 1 1 = Hourly 2 = G.P.W. 3 = P.W. X = Apprentice 13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title
Number 1 - 4 Code Plan Code 19. Effective Date 20. Time of Action 21. Check One: AM PM Month, Day, Year 0 1 - 2 7 - 0 1
22 . Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs 23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
25. Total Inmate Hours Involved
26. Signatures: Recommended By Approved By Approved By Approved By Approved By Ass't Supt. Or Business Mgr. Entered On Payroll Records Approved By Timekeeper Date: 129-01 Date: 2-201 Date: 2-201 Date: 2-201 Date: 2-201 Date: 2-201 Date: 2-201 Date: 129-01

FPI Form 96 (9/98)



UNICOR

Industrial Employment/IPRS Action P

Federal Prison Industries, Inc.	
1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3	
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26	
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22	
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code	}
5 1 6 2 7-0 6 0 S 1 G G E R S . K E V 1 N	
Action Recommended From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code	
0 1 2 4 N C F T 1 7 5 9 6 8 7 0 5 4 W D W R K S H O P H A N D X = Apprentice To: X = Apprentice	_
13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title Number 1 - 4 Code Plan Code	
0 1 2 3 M C F T 3 7 6 9 6 8 7 0 5 4 W D W R K S H O P H A N D 19. Effective Date Month, Day, Year 20. Time of Action 21. Check One: AM PM	
1 0 - 2 9 - 0 0 0 7 1 0 x	
22 . Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs	
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).	
- - 24. Date Of Enrollment Month, Day, Year	
25. Total inmate Hours Involved	
26. Signatures: Recommended By AUCLOTT Foreman Approved By Approved By Plant Superintendent Approved By Ass't Supt. Or Business Mgr. Entered On Payroll Records Mmamay Timekeeper Date: 10-13-00 Date: 1	

FPI Form 96 (9/98)

Distribution: White (Business Office)

Canary (Terminal Operator)

Pink (Placement)

Goldenrod (Foreman)

	,
UNICOR Industrial Employment/IPRS Action Report	ţ
1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3	
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26	٠
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22	
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Cod	de
5 1 6 2 7 0 6 0 SIGGERS, KEVIN 2 3 1	
Action Recommended	
<u>From:</u> 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code	
0 1 2 4 M C F T 1 7 6 9 6 8 7 0 5 4 W D W R S H O P H A N D	
1 = Hourly 2 = G.P.W. $X = Apprentice$ To: $X = Apprentice$	
13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title Number 1 - 4 Code Plan Code	
19. Effective Date 20. Time of Action 21. Check One: AM PM Month, Day, Year	
0 6 - 2 9 - 0 0 0 7 1 0 x	
22 Reason For Termination Of Employment Or Withdrawal	
1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs	
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).	
— — 24. Date Of Enrollment Month, Day, Year	
25. Total Inmate Hours Involved	
26. Signatures:	
Recommended By Chul - Note: 7-3-00	_
Approved By 1000 O Foreight Plant Superintendent Date: 7/5/00	6
Approved By 1 HaliMii Ass't Supt. Or Business Mgr. Date:	_
Entered On Payroll Records Timekeeper Date: 7/5/ w	_

FPI Revised Form.96 October 1, 1982

Distribution:

Entered On Payroll Records

White-

Business office Terminal operator

Timekeeper

Foreman

Date:

FPI Revised Form 96 October 1, 1962

Distribution:

White----- Business office Canary----- Terminal operator

	Enter 3 For Completion, Co Enter 4 For Withdrawal, Co		22	
4. Register Number 5 1 6 2 7 0 6 0	5. Resident Name	(Last, First, Middle)	6.	Institution Code
Action Recommended From: 7. Job 8. Grade 9. Industry Number 1 - 4 Code	try 10. Wage 11. Dot Plan Code		12. Position Title	
To: 13. Job 14. Grade 15. Indus Number 1 - 4 Code	3 = P.W. stry 16. Wage 17. Dot	= Apprentice	D N B R S H O F	HAND.
O 1 2 4 M O 19. Effective Date Month, Day, Year	1 7 6 9 6 8 7		NRK SHOP	HAND PM
1	ition Of Employment Or Withdrawa = Transferred 3 = Program C		Request	
5 = Program Discor	ntinued 6 = Control Purposes gevity Status		leeds	
	Date Of Enrollment Month, Day, Y	/ear		
26. Signatures : Recommended By Approved By Approved By Entered On Payroll I	Records	nay Timekeepe	Or Business Mgr. Date:	413-59 4/16/99 4/13/99 4/13/99
FPI Revised Form 96 Dis	stribution: White Busi Canary Term		Placement Foreman	



Industrial Employment/IPRS Action Report

1. Type Of Report:	UNICOR Action = 1 IPRS Action = 2 Both	= 3
2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, Enter 2 For Change In Employment Status, Enter 3 For Termination Of Employment, Co	Complete Items 4 - 21, and 26
3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4 - Enter 3 For Completion, Complete Items 4 - Enter 4 For Withdrawal, Complete Items 4 -	6, 19
4. Register Number 5 1 6 2 - q 6 0 s	5. Resident Name (Last, First, Midd	dle) 6. Institution Code
Action Recommended From: 7. Job 8 Grade 9 Industry 1 Number 1 - 4 Code	0. Wage 11. Dot Plan Code	12. Position Title
0 1 k s M d # :	1 = Hourly 2 = G.P.W. X = Apprentice	wd wak sadadaha]
<u>To:</u> 13. Job 14. Grade 15. Industry 1 Number 1 4 Code	3 = P.W. ↓ 16. Wage 17. Dot Plan Code	18. Position Title
19. Effective Date 20. Time Month, Day, Year	e Of Action	21. Check One: AM PM
22. Reason For Termination O	Of Employment Or Withdrawal	
1 = Released 2 = Tra 5 = Program Discontinue	- 3	Inmate Request ional Needs
23. Continuation of Longevity 1 = yes 0 = no 2 = no	Status (For use only when termination is for	release (MR or parole).
24. Date	Of Enrollment Month, Day, Year	
25. Total Inma	ate Hours Involved	
26. Signatures : Recommended By	puller the For	eman Date: <u>3-23-99</u>
Approved By		nt Superintendent Date: 3/25/99
Approved By	Malahan Ass	't Supt. Or Business Mgr. Date: 3/25/99
Entered On Payroll Record	ds Ch Mullingut Tim	ekeeper Date: <u>3/20/79</u>
		Green

FPI Revised Form 96 October 1, 1982

Distribution:

White----- Business office Canary----- Terminal operator

Filed 02/05/2007 Page 53 of 81

TONTERED 21'K

NOTE: THIS FORM MUST BE SU TTED 2 WEEKS IN ADVANCE.



REQUEST FOR INMATE VACATION

<u>INCO</u>	OLOT I OIX HAMATE	HOATION	9/10
Mill-1		•	September 6, 2005
(DEPARTMENT)			(DATE)
ALIE CICCERS KEVIN			E4697 060
AME: SIGGERS, KEVIN (FI	RST)	(RF	51627-060 EGISTRATION NUMBER)
(LAST) (11	FILE	Vano	
	CIIF		
I REQUEST TO TAKE DAY(S) OF	FF!	STARTING (ON: September 26, 200 5
		<u> </u>	(DATE)
AWA	RD DAYS ? (NO)		
LOCALIZATION CARRIED TO CARRIED T	(0 VEQ) (0 N	0.)	
I REQUEST TO CASH IN MY VACATION: (MUST BE ANNIVERSARY DATE)	(○ YES) (③ N	(0)	
		//	
INMATES SIGNATURE: Manage	XXX	H1.	
	86-	<u>. </u>	
	APPROVED BY:		
	AFFROVED DT.	1.	Nelahan M
WORK SUPERVISOR)			(DEPARTMENT HEAD)
THE ABOVE NAMED INMATE STARTED UN	NICOR ON: Jan	uary 12, 2004	, AND HAS ACCUMULATED
36.15 HOURS VACATION.	AND 0.00)AWARD	- HOURS.
			·•
	36.15 BEGINNII	NG HOURS.	!
in a second of the second of	0.00 AWARD	HOURS USED.	
ļ.	36.15 ENDING	HOURS.	ļ
į			
·			
COMPUTED BY: Glen Rencher		REVIEWED BY:	(ASCOUNTANT)
(TIMEKEEPER)			(AOGGATAIN)
APPROVED:		DISAPPROVED:	
* * * DI EACE CT	ATE REASONS WHY	IE DISAPPROVED	* * *
PLEASE ST	MIE KENSONS WITT	II DIGAFFROVED.	
	7.		
SIGNATURE:			
(Superintendent of the	ndustries)		

CC: INMATE (1)

FACTORY OFFICE (1) **BUSINESS OFFICE (2)** Case 1:05-cv-00160-SJM-SPB Document 37-26

NOTE: THIS FORM MUST BE ? MITTED 2 WEEKS IN ADVANCE.





REQUEST FOR INMATE VACATION

Mill-1 (DEPARTMEN	<u>r)</u>				July 18, 2005 (DATE)
AME: SIGGERS		FIRST)			1627-060 ATION NUMBER)
I REQUEST TO TA	KE 1 DAY(S) (OFF!		STARTING ON:	July 26, 2005 (DATE)
	SH IN MY VACATION: VERSARY PATE)	(O YES)	(NO) (® NØ)	FILE C	OPY
M WORK SUF	ERVISOR)	APPROV	ED BY:	(DEPA	RTMENT HEAD)
THE ABOVE NAME	BUS D INMATE STARTED U	INESS OFFIC	E USE ONL' January 12		D HAS ACCUMULATEI
43.30	HOURS VACATION		0.00	AWARD HOUF	
	Glen Rencher (TIMEKEEPER)	0.00 A	EGINNING HOU WARD HOURS NDING HOURS. REVIE	USED. WED BY:	UNTANT)
		/ 	21042		
	APPROVED:	TATE REASON		PROVED:	
SIGNATURE:	(Superintendent of				

FACTORY OFFICE (1) **BUSINESS OFFICE (2)**

F.P.I Form 39

U.S. DEPARMENT OF JUSTICE Federal Bureau of Prisons	INMATE REQUEST TO STAFF MEMBI
	DATE: 4-14-05- Sitle of officer) ou desire assistance, and what you think should be done (Give details
	ME FIRST TARLE KSEPING
my gards (>) Two,	The tinst TARLE KEEping
	Thank you,
Name: SIGNERS LEVIN Work assignment: A.M UNICORE NOTE: If you follow instructions in preparing your request, it interviewed, if necessary, in order to satisfactorily handle your in no action being taken.	Unit:
DISPOSITION: (Do not write in this space MOUKA FROM PROO! TO MILL! OK WIT	
5/5/05 Drak Chil.	FFFACTIVA \$4-19-05

Case 1:05-cv-00160-SJM-SPB Document 37-26
NOTE: THIS FORM MUST BE MITTED 2 WEEKS IN ADVANCE.

man . Henrie A was wellen kan aman an de andlik an a a ban a was en demantiste and komm



	REQUEST FOR INMATE VA		11171
DEPARTMENT		10/18/01 P	10 30:00
514	the Kevin	5162706	
NAME: LAST	FIRST	REGISTRATION NUMB	
I REQUEST VACATION FROM	то	ACH IN	por 30:0
*I REQUEST TO WORK MY VA (MUST BE ANNIVERSARY DA INMATES SIGNATURE	CATION AND RECEIVE PAY IN LIEU O	F TAKING THE DAYS OFF	
APPROVED BY:		APPROVED BY:	
WOLKSUPEROISON		DEPARTMENT HEAD	
BUSINESS OFFICE:			
THE ABOVE NAMED INMATE HAS ACCUMULATED 10:00 AT 7:15 DAY PER MONTH	HAS BEEN EMPLOYED IN INDUSTRIES A S AY(S) VACATION. VACATION CREDIT	SINCE, A, A, A, A, A, IS PRESENTLY BEING EARNE	ND ED
COMPUTED BY:	REVIEWED BY:	FINAL APPR	OVED BY:
TIMEREPÉR	ACCOUNTANT	SUPERINTEND	DENT DENT
UNIT TEAM ACTION:	APPROVED:		APPROVED REASONS WHY IF
SIGNATURE			· · · · · · · · · · · · · · · · · · ·

^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

NOTE: THIS FORM MUST B	E ()IITTED 2	Filed 02405/2007 Page 57 of 81 U.S. Department	t of Justice
WEEKS IN ADVANCE.		UNICOR Federal Prison Indu	ustries, Inc.
	REQUEST FOR INMATE V	ACATION S/19	
PO I DEPARTMENT		8/17/04 DATE	5
NAME: LAST	GENS KEUIN FIRST	S1607060 REGISTRATION NUMBER	12
I REQUEST VACATION FROM_	9/24 to 9/28	2 days	
*I REQUEST TO WORK MY VAC (MUST BE ANNIVERSARY DA' INMATES SIGNATURE)	CATION AND RECEIVE PAY IN LIEU <u>TE).</u>	OF TAKING THE DAYS OFF	
APPBOWED BY:		APPROVED BY:	
WORK SUPERVISOR	· <u>·</u>	DEPARTMENT HEAD	
	HAS BEEN EMPLOYED IN INDUSTRIE AY(S) VACATION. VACATION CREDI	/	
COMPUTED BY:	REVIEWED BY:	FINAL APPROVED BY:	
TIMEKEEPER	ACCOUNTANT	SUPERINTENDENT	
UNIT TEAM ACTION:	APPROVED:	DISAPPROVED)
		PLEASE STATE REASONS DISAPPROVED.	S WHY IF
·			

SIGNATURE_

^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:05-cv-00160-SJM-SRB Document 37-26 Filed 02/05/2007 Page 58 of 81

NOTE: THIS FORM MUST BE SULLITED 2 WEEKS IN ADVANCE.



	REQUEST FOR INMATE VA	ACATION	
MIII T DEPARTMENT		11 /13 /03 DATE	37:30
5166685	KEVIN	51627-060	
NAME: LAST	FIRST	REGISTRATION NUMBER	-
I REQUEST VACATION FROM_ *I REQUEST TO WORK MY VAC (MUST BE ANNIVERSARY DAT	CATION AND RECEIVE PAY IN LIEU O	F TAKING THE DAYS OFF	37:30
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WORK SUPERVISOR	_	DEPARTMENT HEAD	
	IAS BEEN EMPLOYED IN INDUSTRIES		
COMPUTED BY:	REVIEWED BY:	FINAL APPROV	ED BY:
		VIII	1111 11
TIMEKEEPER	ACCOUNTANT	SUPERINTENDEN	r
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*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.

(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

E D I Earm 20

NOTE: THIS FORM MUST BE TITED 2 Document 37-26
WEEKS IN ADVANCE.



REQUEST FOR INMATE VACATION

Federal Correctional Institution Ray Brook, NY 12977

MIII 7 DEPARTMENT		6/2/63 DATÉ (0/16)
SIGGERS NAME: LAST	KEUIN	5/627-060 52:30
I REQUEST VACATION FROM_	TO	REGISTRATION NUMBER J OF TAKING THE DAYS OFF 52,30 (AS H)
APPROVED BY:		APPROVED BY:
	HAS BEEN EMPLOYED IN INDUSTR	
COMPUTED BY:	REVIEWED BY:	FINAL APPROVED BY:
UNIT TEAM ACTION:	APPROVED:	DISAPPROVED PLEASE STATE REASONS WHY IF DISAPPROVED.
SIGNATURE		

^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:05-cv-00160-SJM-SPB Document 37-26

NOTE: THIS FORM MUST BE SU TITED 2 WEEKS IN ADVANCE.

Filed 02/05/2007 Page 60 of 81
U.S. Department of Justice
UNICOR
Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

LAST FIRST ROMTO	DATE 7:30 IV REGISTRATION NUMBER APPROVED BY: DEPARTMENT HEAD NDUSTRIES SINCE 6/29 20, AND
TO TO Y VACATION AND RECEIVE PAY Y DATE).	REGISTRATION NUMBER IN LIEU OF TAKING THE DAYS OFF APPROVED BY: DEPARTMENT HEAD
TO TO Y VACATION AND RECEIVE PAY Y DATE).	REGISTRATION NUMBER IN LIEU OF TAKING THE DAYS OFF APPROVED BY: DEPARTMENT HEAD
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ACCOUNTANT	SUPERINTENDENT
APPROVED	DISAPPROVED PLEASE STATE REASONS WHY IF DISAPPROVED.
	ONTH. REVIEWED BY ACCOUNTANT

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:05-cv-00160-SJM-SPB Document 37-26
NOTE: THIS FORM MUST BE SU VITED 2 WEEKS IN ADVANCE.

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U.S. Department of Justice



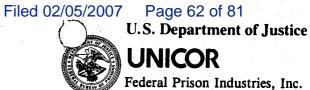
REQUEST FOR INMATE VACATION

4-03-02 670
67:30
<u> - 51627040</u>
REGISTRATION NUMBER
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⁽PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:05-cv-00160-SJM-SPB Document 37-26

NOTE: THIS FORM MUST BE SU STEED 2
WEEKS IN ADVANCE.



REQUEST FOR INMATE VACATION

COMPUTED BY: TIMEKEEPER UNIT TEAM ACTIO		REVIEWED BY: ACCOUNTANT APPROVED:	FINAL APPROVED BY: SUPERINTENDENT DISAPPROVED PLEASE STATE REASONS WEDISAPPROVED.	HY II
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(1/2)	FER MONTH.	REVIEWED BY:	FINAL APPROVED BY:	14.
	FER MONTH.			
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ATDÁY	DED MONTH			
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WORK SUPERVISO	OR		DEPARTMENT HEAD	
APPROVED BY:	#		APPROVED BY:	
INMATES SIGNAT	URE /			
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I REQUEST VACA	TION FROM / /23	_to /24 (1 DA		
	LAST	FIRST	REGISTRATION NUMBER	
NAME:		K. E. Congress	51627060	
NAME:	SIAGENS.	1		
DEPARTMENT NAME:	5 - o Gens		<u>//-//</u> O\	,

^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:05-cv-00160-SJM-SPB Document 37-26 Filed 02/05/2007 Page 63 of 81

NOTE: THIS FORM MUST BE SY WEEKS IN ADVANCE.

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U.S. Department of Justice
UNICOR
Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

Will T			9/19/01 15:0	<i>, O</i> .
DEPARTMENT			DATE	
SI66815	Lemm		51627060	
NAME:	LAST	FIRST	REGISTRATION NUMBER	
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	INMATE HAS BE	EN EMPLOYED IN INDUST	RIES SINCE 6/29 192001, AND	
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^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

0.0. 00011001011 01 000110	U.S.	DEPARMENT	OF	JUSTIC	CE
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U.S. DEPARMENT OF JUSTICE Federal Bureau of Prisons	INMATE REQUEST TO STAFF MEMBER
TO: MR : PAROTTI (Name and title of offi	
Subject: State completely but briefly the problem on which you desire as: I would like HM9. PANSI SAW	FOSITION YOU HAVE
OPEN	ThayKs III
	PUSIED
Name: Signment: R.M. UNICON & NOTE: If you follow instructions in preparing your request, it can be di	No.: 5/627060 Unit: CA
interviewed, if necessary, in order to satisfactorilyhandle your request. You in no action being taken. DISPOSITION: (Do not write in this space)	DATE:
Chalpu Mal CK	M/CC / 8/14/01

Case 1:05-cv-00160-SJM-SPB Document 37-26

NOTE: THIS FORM MUST BE SUP TTED 2 WEEKS IN ADVANCE.

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REQUEST FOR INMATE VACATION

		REQUEST FOR INMAT	E VACATION LE JOS/C.
Prod. I			37:30
DEPARTMENT			DATE
	STEASE	Rose	5.16 - 2.200 - 2.200
NAME:	LAST	FIRST	REGISTRATION NUMBER
REQUEST VACAT	ΓΙΟΝ FROM	TO	
I REQUEST TO W	ORK MY VACATION . ERSARY DATE).	AND RECEIVE PAY IN LIE	U OF TAKING THE DAYS OFF
NMATES SIGNATU	URE .		
APPROVED BY:			APPROVED BY:
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WORK SUPERVISO	R		DEPARTMENT HEAD
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COMPUTED BY:		REVIEWED BY:	FINAL APPROVED BY:
TIMEKEEPER		ACCOUNTANT	SUPERINTENDENT
JNIT TEAM ACTIO	on:	APPROVED:	DISAPPROVED
			PLEASE STATE REASONS WHY IF DISAPPROVED.
·			
SIGNATURE			

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Officer

Mr. PARROTT. Subject: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details). LIKE to change wonk DEPARTMENTS to get Along with my co-worker, Buts Planting up Mr. Nolaw Said MATTER. KEUIN C. SIGGERS 5/627060 No.:___ Work assignment: Unit: NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken DISPOSITION: (Do not write in this space) DATE:_ MILUI PROD I

Case 1:05-cv-00160-SJM-SPB Document 37-26
NOTE: THIS FORM MUST BE SU
WEEKS IN ADVANCE.

Filed 02/05/2007 Page 67 of 81
U.S. Department of Justice
UNICOR
Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

)
MIII I DEPARTMENT			920-00 /Sig	0
	SIGNA		-16-7-060	
NAME:	LAST	FIRST	REGISTRATION NUMBER	/
I REQUEST VACATIO	N FROM 9/85	TO 7/47 (2 Days) CASH in	
*I REQUEST TO WORK (MUST BE ANNIVERS)		AND RECEIVE PAY IN LIE	U OF TAKING THE DAYS OFF	
Market Back Light	- (CA			
INMATES SIGNATURE	3			
APPROVED BY:	4		APPROVED BY:	
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WORK SUPERVISOR	· ·		DEPARTMENT HEAD	
HAS ACCUMULATED. ATDAY PER (½) (1)		CATION. VACATION CRE	DIT IS PRESENTLY BEING EARNED	
COMPUTED BY:		REVIÉWED BY:	FINAL APPROVED BY:	
TIMEKEEPER		ACCOUNTANT	SUPERINTENDENT	-2
UNIT TEAM ACTION:		APPROVED:	DISAPPROVED PLEASE STATE REASONS V DISAPPROVED.	
SIGNATURE				· · · · · · · · · · · · · · · · · · ·
*THIS REQUEST FOR	PAY IN LIEU OF V	ACATION MAY ONLY RE	MADE ON THE ANNIVERSARY DATE	

(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

BP-148(70) July 1°

U.S. DEPARTMENT OF JUSTIC Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

	DATE: 2000
TO: Mr. PEROTT, MALL I SAPERV. (Name and Title of Officer)	son)
SUBJECT: State completely but briefly the problem on which you desire assistance, and what you thin	
Sir I would like to change no	
WORK IN MILL I DEPARTMENTE I have	4 gotten the
- PERMISSION From Me. Nolaw to change =	50 bs.
	THE CANADA AND SO THE COMP
Name: Kruin. C. Siggens Sn.	No: 5/62)060
Work Assignment: UNICORS A.M	Unit:
NOTE: If you follow instructions in preparing your request, it can be disposes of more promptly and intellinecessary, in order to satisfactorily handle your request. Your failure to specifically state your pro	igently. You will be interviewed, if blem may result in no action being taken.
DISPOSITION: (Do not write in this space)	Date:
at Dile to ok che me PA	on PROD F TO MICCI Officer
4-10	MICT Officer
Original-File Canary-Inmate	20/06
FCI Mckean Previously BP-Admin-70	PB-119/70\

Previously BP-Admin-70

Employee Work History

Name: Si	ggers, Kevin	No. #51627~060		
Hire Date:	03/23/99	Prior UNICOR Credit Accepted:	00	Months

Year: 1999

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar	1	3:45		3:45	L
Apr	2	3:45		7:30	L
May	3	3:45	POV 11:15	0:00	So
Jun	4	3:45		3:45	8-
Jul	5	3:45		7:30	×
Aug	6	3:45		11:15	$\mathcal{G}_{\mathcal{G}}$
Sep	7	3:45	7:30	7:30	VAC 9/27
Oct					
Nov					
Dec					

Year: 2000

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					

Year: 2001

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct		· · · · · · · · · · · · · · · · · · ·			
Nov					
Dec					

MCK2G 531.01 * PAGE 001 OF 001 *

INMATE HISTORY WRK DETAIL

03-22-1999

REG NO..: 51627-060 NAME....: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
KITCHEN AM	KITCHEN AM	01-14-1999 0001	CURRENT
IDLE	IDLE	01-13-1999 0716	01-14-1999 0001
KITCHEN AM	KITCHEN AM	12-02-1998 0001	01-13-1999 0716
DIN RM AM	DINING ROOM AM	11-20-1998 1348	12-02-1998 0001
FD SVC	FOOD SERVICE	11-19-1998 0001	11-20-1998 1348
LAND IN 1	INSIDE LANDSCAPE FULL-TIME	11-05-1998 0001	11-19-1998 0001
LAND IN 2	INSIDE LANDSCAPE FULL-TIME	11-04-1998 0001	11-05-1998 0001
FACL	FACILITIES OFFICE	11-03-1998 0001	11-04-1998 0001
UNASSG	UNASSIGNED	10-28-1998 0001	11-03-1998 0001
A&O	ADMISSION & ORIENTATION	10-21-1998 1015	10-28-1998 0001
UNASSG	UNASSIGNED WORK DETAIL	10-13-1998 1921	10-21-1998 0516
UNASSG	UNASSIGNED HOLDOVER	09-23-1998 1800	10-13-1998 0830
UNASSG	UNASSIGNED WORK DETAIL	05-06-1998 0050	05-06-1998 0818
UNASSG	UNASSIGNED HOLDOVER	05-01-1998 1915	05-05-1998 0830
UNASSG	UNASSIGNED WORK DETAIL	03-26-1998 1851	05-01-1998 1508
UNASSG	UNASSIGNED HOLDOVER	03-18-1998 1815	03-26-1998 0920
	KITCHEN AM IDLE KITCHEN AM DIN RM AM FD SVC LAND IN 1 LAND IN 2 FACL UNASSG A&O UNASSG UNASSG UNASSG UNASSG UNASSG	KITCHEN AM KITCHEN AM DIN RM AM DINING ROOM AM FD SVC FOOD SERVICE LAND IN 1 INSIDE LANDSCAPE FULL-TIME LAND IN 2 INSIDE LANDSCAPE FULL-TIME FACL FACILITIES OFFICE UNASSG UNASSIGNED A&O ADMISSION & ORIENTATION UNASSG UNASSIGNED WORK DETAIL UNASSG UNASSIGNED HOLDOVER UNASSG UNASSIGNED HOLDOVER UNASSG UNASSIGNED HOLDOVER UNASSG UNASSIGNED WORK DETAIL	KITCHEN AM KITCHEN AM 01-14-1999 0001 IDLE IDLE 01-13-1999 0716 KITCHEN AM 12-02-1998 0001 DIN RM AM DINING ROOM AM 11-20-1998 1348 FD SVC FOOD SERVICE 11-19-1998 0001 LAND IN 1 INSIDE LANDSCAPE FULL-TIME 11-05-1998 0001 LAND IN 2 INSIDE LANDSCAPE FULL-TIME 11-04-1998 0001 FACL FACILITIES OFFICE 11-03-1998 0001 UNASSG UNASSIGNED 10-28-1998 0001 A&O ADMISSION & ORIENTATION 10-21-1998 1015 UNASSG UNASSIGNED WORK DETAIL 10-13-1998 1921 UNASSG UNASSIGNED HOLDOVER 09-23-1998 1800 UNASSG UNASSIGNED HOLDOVER 05-06-1998 0050 UNASSG UNASSIGNED WORK DETAIL 05-06-1998 1915 UNASSG UNASSIGNED WORK DETAIL 03-26-1998 1851

FINA

LANUP J 3/23/99

Case 1:05-cv-00160-SJM-SPB Document 37-26 Filed 02/05/2007 Page 71 of 81

DATE: 10/28/99 07:23 INLETES NOT WORKING FOR 30 DAY.

PAGE: 1

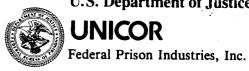
REPORT DATE: 10/30/99 USER ID: salcl

Reg-num Fact Group Crew Name Last Lbr LT SIGGERS, KEVIN 51627-060 FT ft130 Assembly 1 09/29/99

Case 1:05-cv-00160-SJM-SPB Document 37-26 NOTE: THIS FORM MUST BE SU TITTED 2 WEEKS IN ADVANCE.

Filed 02/05/2007

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REQUEST FOR	INMATE	VACATION
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DEPARTMENT		DATE	$\neg l_{u} l \gamma$
	e Ma		
NAME: LAST	FIRST	REGISTRATION NUMBER	
I REQUEST VACATION FROM	то		7 30
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INMATES SIGNATURE			
APPROVED BY:		APPROVED BY:	
WORK SUPERVISOR		DEPARTMENT HEAD	
<u> </u>			
BUSINESS OFFICE:			
THE ABOVE NAMED INMATE	HAS BEEN EMPLOYED IN INDUSTR	RIES SINCE $\frac{11099}{19}$, AND	
HAS ACCUMULATED <u> </u>	AL→ DAY(S)-VACATION. VACATION CRE	DIT IS PRESENTLY BEING EARNED	
AT TO AT PER MONTH	.		
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TIMEKEEPER	ACCOUNTANT	SUPERINTENDENT	· · · · · · · · · · · · · · · · · · ·
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		and the second s	
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SIGNATURE			

^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

(This form may be replicated via WP) Replaces BP-148 of Oct 86

BP-S148.070 INMATE REQUEST TO STAFF MEMBER CDFRM APR 94	
UNITED STATES DEPARTMENT OF JUSTICE FEDERA	L BUREAU OF PRISONS
TO: Ma. Pigho 114 (Name and Title of Officer)	14y 19,1999
SUBJECT: State completely but briefly the pr desire assistance and what you think should be o	coblem on which you done (Give details).
I would like my Jod chap. The Vertical Boring Machine on the	NGED TO
line I've spoke to MR. Nolan AND	WAS told
to have you sign this INMATEREQUE RELEASINGME to WORK IN THE ASSEMBLY	DEPT. I thank
you for Time concerning this MATIERS	
OK OR REFUSED	
(Use other side of page if more space	POSTED is needed)
JAME: KEVIN C-SIGGERS SR. NO.: 5	-1627-060
ORK ASSIGNMENT: LAYUP I UN	IIT: 3,4
OTE: If you follow instructions in preparing your request, it can be disposed of a control of the control of th	more promptly and intelligently. our request. Your failure to
DATE Do not write in this space) DATE	5-19-99 LANCE L
OK W	9- Aul-
ecord Copy - File; Copy - Inmate	Officer

UNICOR McKean Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

JOB DESCRIPTION REPORT

Inmate's Name: Siggers, Kevin	Register Number: 51627-060
Institution Code: 231	
Job Description: Woodworking Shopha	nd Department: Layup 1
Duties: Responsible for stacking, cushioning Responsible for visually inspecting all materia duties as assigned in UNICOR.	and wrapping product. Secures load with steel strapping. Is being packed for surface defects or blemishes. All other
	Siggers Sa. Reg. No. 5/627.060 ir implement his assigned work detail, which ety procedures, and routine use.
Mm	4-12-99 Date
Freman	Date
	on how to implement my job assignment. If I
have any problem with implementing	my assigned job, I am instructed to contact
ny foreman immediately.	
Signature of Inmate	5/627060 4-12-99 Register Number Date

Case 1:05-cv-00160-SJM-**DPe-Inclustrial Train** Page 75 of 81 Roster

Date:	Anril	23	1999	
Date.	ADIII	23,	1999	

Name	Number	Department	SOI	Fact.	Safety	Prod.	Work	Q.A.	Bus Of	
Davila-Bajana, Juan	47580-053	Prod 1								
Luna-Navarro, Bernardo	05659-032	Laup 1	,				}			
Hamilton, James	09140-055	Pack 1								
Siggers, Kevin	51627-060	Laup 1								
Kowalski, Paul	08930-055	Q.A. 1								
Carter, Claude .	19735-039	Main 1								
ALTERNATES										
Gonzalez, William	21331-038	Mill 2								
Wills, Eric	52511-060	Pack 1						-		
<u></u>										
4										
				Ì						

P-S148.070 INMATE REQUEST TO STAFF MEMB PR 94	ER CDFRM
NITED STATES DEPARTMENT OF JUSTICE	FEDERAL BUREAU OF PRISONS
	7 7/08
	DATE 3-2/-99
0: UNICON SUPERVISON (Name and Title of C	, M
(Name and Title of C	Officer)
UBJECT: State completely but brie	fly the problem on which you
esire assistance and what you think s	should be done (Give details).
the have the	
1 1/40g ING 28	ATEASE BY MY
I have the RE CHARENT SUPERVISOR	to work IN the
UNICONA FACTORY	
· · · · · /	
	KITCHEN SUPERVISOR
	,
(Use other side of page if m	ore space is readed)
(use other side or page if in	ore space is needed)
AME: KEUIN L-Siggens Siz	NO . 5/6 27-2/3
THE: 1/10/14 5/19/2005 5/12	
ORK ASSIGNMENT: Veg. Prep	UNIT: <i>\$ A</i>
TE TE NOW FOLLOW IN THE TENED OF THE TENED O	
TE: If you follow instructions in preparing your request, it can will be interviewed, if necessary, in order to satisfated interviewed, if necessary, in order to satisfated in the same of the control o	ctorily handle your request. Your failure to
SPOSITION: Do not write in this space)	
	DATE
. /	M. HENRY (COK SCOTTU)
,	M11.
	HH Stem
	Officer

Record Copy - File; Copy - Inmate

(This form may be replicated via WP) Replaces BP-148 of Oct 86



UNICOR

Industrial Employment/IPRS Action Report

Foderia Frison Industries, the
1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code
5 1 6 2 7-0 6 0 SIGGERS KEVIN 2 3 1
Action Recommended From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code
O 1 2 2 M C F T 1 7 6 9 6 8 7 0 5 4 W D W R K S H O P H A N D 1 = Hourly 2 = G.P.W. 3 = P.W. 13. Job 14. Grade 15. Industry 16. Wage 17. Dot Number 1 - 4 Code Plan Code 18. Position Title 19. Effective Date 20. Time of Action 21. Check One: AM PM
19. Effective Date 20. Time of Action 21. Check One: AM PM Month, Day, Year 0
22 . Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
— — 24. Date Of Enrollment Month, Day, Year
25. Total Inmate Hours Involved
26. Signatures: Recommended By Approved By Approved By Approved By Ass't Supt. Or Business Mgr. Entered On Payroll Records modal M. There Timekeeper Date: 1-12-04



Industrial Employment/IPRS Action Report

2 1. Type of Report	UNICOR Action = 1 IPRS Action = 2 Both = 3	
2 If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24 and 26 Enter 2 For Change in Employment Status, Complete Items 4-21, and 26 Enter3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26	
2 3. If IPRS Action	Enter 2 For Enrollment, Complete 4-6, 19 Enter 3 For Completion, Complete 4-6, 19 Enter 4 For Withdrawal, Complete 4-6, 19, 22	
Registration Number	5. Resident Name (Last, First, Middle) 6. Institution Code	
5 1 6 2 7 - 0 6 0	S G G E R S K E V N	
Action Recommended From: 7. Job 8. Grade 9. Industry Number 1 - 4 Code O 1 1 2 M C F T	10. Wage	
То <u>:</u>	1 = Hourly 2 = G.P.W. X = Apprentice 3 = P.W.	
13. Job 14. Grade 15. Industry		
Number 1 - 4 Code O 1 4 2 M C F T	Plan Code 1 2 2 1 1 6 7 0 1 4 M A T E R I A L C O O R D I N	
10. =	20. Time of Action \ 21. Check One: AM PM	
Month, Day, Year 0 4 - 0 7 - 0 5	0 7 1 0	
22. Reason For Termination O 1 = Released 2 = Tr 5 = Program Discontinued	ransferred 3 = Program Change 4 = Inmate Request	
23. Continuation of Longevity 1 = yes 0 = no 2	/ Status = no (For use only when termination is for release (MR or parole).	
		-
24	4. Date Of Enrollment Month, Day, Year	
	4. Date Of Enrollment Month, Day, Year mate Hours Involved	
		_
25. Total Inm 26. Signatures:	mate Hours Involved	
25. Total Inm 26. Signatures: Recommended By	Foreman Date:	
26. Signatures: Recommended By Approved By	Plant Superintendent Ass't Supt. Or Business Mgr. Date: Ass't Supt. Or Business Mgr. Date: LI 115	

FPI Form 96 (9/98)

Distribution: 1. Business Office 2. Terminal Operator

3. Placement

4. Foreman

UNICOR

(FCI McKean)

Number: 51(27-060 Date: 3/11/02 (Name Las, First) UNICOR McKean start date: Current Grade: Unit: CA This is to advise you of your unsatisfactory work performance on: July Specifically: Immate Sugar On the	"Notice of unsatisfactory work performance
UNICOR McKean start date: Current Grade: Unit: Ch This is to advise you of your unsatisfactory work performance on:	To: Signers Kovin Number: 5/627-060 Date: 3/11/02
Specifically: Immate Signer was observed on the production floor lighting Matches. Immate Signer was attempting to melt the plastic tip of a Cigar. This schange is unitage because of the floor Supervisor's Recommendation: 1) Written Warning 2) Grade Reduction from 2 to 3; No. of days 26 3) Job Change 4) Removal * 5) Other *Third offenses, whether related acts, or not, automatically require the recommendation for "Removal." All recommendation for "Removal" must be approved by the Superintendent of Industries. Staff Signature Date Staff Signature Date	(Name: Last, First)
Specifically: Immate Signer was observed on the production floor lighting Matches. Immate Signer was attempting to melt the plastic tip of a Cigar. This schange is unitage because of the floor Supervisor's Recommendation: 1) Written Warning 2) Grade Reduction from 2 to 3; No. of days 26 3) Job Change 4) Removal * 5) Other *Third offenses, whether related acts, or not, automatically require the recommendation for "Removal." All recommendation for "Removal" must be approved by the Superintendent of Industries. Staff Signature Date Staff Signature Date	UNICOR McKean start date: Current Grade: Unit: This is to advise you of your unsatisfactory work performance on: 3/4/3
1) Written Warning (2) Grade Reduction from 2 to 3; No. of days 20 3) Job Change 4) Removal * 5) Other *Third offenses, whether related acts, or not, automatically require the recommendation for "Removal." All recommendation for "Removal" must be approved by the Superintendent of Industries. Staff Signature Date Staff Signature Date	specifically: Immate Siggers was observed on the production floor lighting matches. Immate Siggers was attempting to melt the plastic tip of a Cigar. This behavior is unsafe because of the flomable
1) Written Warning 2) Grade Reduction from 2 to 3; No. of days 20 3) Job Change 4) Removal * 5) Other *Third offenses, whether related acts, or not, automatically require the recommendation for "Removal." All recommendation for "Removal" must be approved by the Superintendent of Industries. Staff Signature Date Staff Signature Date	
2) Grade Reduction from 2 to 3; No. of days 3) Job Change 4) Removal * 5) Other *Third offenses, whether related acts, or not, automatically require the recommendation for "Removal." All recommendation for "Removal" must be approved by the Superintendent of Industries. Staff Signature Date Staff Signature Date	
*Third offenses, whether related acts, or not, automatically require the recommendation for "Removal." All recommendation for "Removal" must be approved by the Superintendent of Industries. Approximate Signature Date Staff Signature Date Dat	(2) Grade Reduction from 2 to 3 ; No. of days
*Third offenses, whether related acts, or not, automatically require the recommendation for "Removal." All recommendation for "Removal" must be approved by the Superintendent of Industries. Approved	4) Removal *
the recommendation for "Removal." All recommendation for "Removal Made be approved by the Superintendent of Industries.	5) Other
Final disposition:	the recommendation for "Removal." All recommendation for "Removal must be approved by the Superintendent of Industries. 3/1/02
	Final disposition:
3/11 -> H/1/ Superintendent of Industries Date	Superintendent of Industries Date

UNICOR

(FCI McKean)

"Notice of Unsatisfactory Work Performance"
To: Siggers, Kevin Number: 5/627-060 Date: 3/6/02
(Name: Last, First)
UNICOR McKean start date: Current Grade: Unit: CH This is to advise you of your unsatisfactory work performance on:
Specifically: Monate Sigger had in his possession, AVIATON Playing cards in the Civicor Foctory, Immote Siggers had Signed a Rule or regulation paper when he Started Unicon State that Immote Workers are prohibited from pringing personal property into the factory (Rule # 12)
Supervisor's Recommendation:
1) Written Warning
2) Grade Reduction from to; No. of days
3) Job Change
4) Removal *
5) Other
*Third offenses, whether related acts, or not, automatically require the recommendation for "Removal." All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Supe

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FACTORY RULES AND REGULATIONS

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- INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY 1. RECEIVE PERMISSION FROM THEIR FOREMAN OR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THEY MUST REPORT IMMEDIATELY TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
- 2. ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
- 3. SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
- 4. HEARING PROTECTION MUST BE WORN AT ALL STATIONS DESIGNATED AS HIGH NOISE LEVEL AREAS.
- 5. INMATES WILL PREFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
- 6. INMATE WORKERS WILL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMENT, OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A SUPER-VISOR IS STRICTLY FORBIDDEN AND WILL BE SUBJECT TO AN INCIDENT REPORT.
- 7. OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR REMOVAL OF SAID GUARDS IS FORBIDDEN AND SUBJECT TO DISCIPLINARY ACTION.
- 8. HORSEPLAY WILL NOT BE TOLERATED AND IS SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
- 9. FORKLIFT OPERATORS ARE THE ONLY ONES AUTHORIZED TO RIDE ON THE FORKLIFTS. DO NOT RIDE ON THE FORKLIFTS OR PALLET-TRUCKS.
- 10. REPORT ALL SAFETY HAZARDS TO YOUR SUPERVISOR IMMEDIATELY. DO NOT CONTINUE TO WORK UNDER UNSAFE CONDITIONS.
- 11. ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.

- 13. THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON GOVERNMENT EQUIPMENT IS AGAINST THE REGULATIONS AND IS PROHIBITED IN THE UNICOR FACTORY.
- 14. THERE WILL BE ABSOLUTELY NO SMOKING IN THE FACTORY, EXCEPT IN DESIGNATED AREAS. ANY VIOLATION OF THIS RULE WILL RESULT IN AN IMMEDIATE INCIDENT REPORT AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
- 15. WORK STOPS 10 MINUTES PRIOR TO LUNCH FOR TOOL CALL AND WASH UP, AND 20 MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
- 16. INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, AND WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
- 17. INMATES WHO HAVE TRANSFERRED FROM ANOTHER INSTITUTION DUE TO DISCIPLINARY REASONS WILL BE PLACEDON THE NON-PRIORITY UNICOR WAITING LIST.

I understand the above rules and regulations, and understand that disregard for any of the above shall constitute a reason for my termination from UNICOR Employment.

Register No: 5 1627060 Date: 6-29.00 Signature: